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COVER LETTER

TO:		istration Section ision of Corporations		
SUBJI	ECT:	Black's Island Club, LLC		
		Name of I	Limited Liability Comp	pany
Dear S	ir or l	Madam:		
The en	close	i Statement of Authority and fee(s) ar	e submitted for filing.	
Please	returi	all correspondence concerning this n	natter to the following:	
Scot	t Sey	mour, Manager		
		Name of Person		
Blaci	<'s Is	land Club, LLC		
		Firm/Company		
2049	Sta	te Road 30A		
		Address		
Port	St J	oe, FL		
		City/State and Zip Code	-	
ssey	mou	r@byt.email		
	E-	mail address: (to be used for future an	mual report notification	n)
For fu	rther i	nformation concerning this matter, pl	ease call:	
Scot	t Se	ymour	678	776-3465
		Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited lial authority:	bility company submits the following statement of				
RST: The name of the limited liability company is: Black's Island Club, LLC					
ECOND: The Florida Document Number of the limited liability company is:					
THIRD: The street address of the limited liability company's pt 2049 State Road 30A					
Port St Joe, FL 32456					
	1019 A				
The mailing address of the limited liability company's 2049 State Road 30A	S principal office is:				
Port St. Joe, FL 32456	SEE S				
	2: 0: F				
person on the following: 1. May execute an instrument transferring real proper a. Granted to:					
b. No authority granted to: William Kora	n				
May enter into other transactions on behalf of, or c a. Granted to:					
b. No authority granted to: William Kora	n				
5.1487~	Scott Seymour				
Signature of authorized representative Filing Fee: S Certified Copy: S.	Typed or printed name of signature 25.00 30.00 (optional)				