

L18000097841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

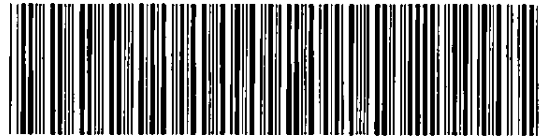
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



000426920950

01/02/24 -01003--012 **250.00

FILED
2024 APR -2 PM 4:48

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 608 North LLC

SECOND: The Florida Document Number of the limited liability company is: L18000097841

THIRD: The street address of the limited liability company's principal office is:

197- 65th terrace north

west palm beach, FL 33413

The mailing address of the limited liability company's principal office is:

PO Box 970844

Boca Raton, FL 33497

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Wisemanagement Property Consulting & Management LLC

Arianna Wittig

b. No authority granted to: Lakeside Management LLC

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Wisemanagement Property Consulting & Management LLC

Arianna Wittig

b. No authority granted to: Lakeside Management LLC

A. Wittig
Signature of authorized representative

Arianna Wittig
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 608 North LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Blind Beak LLC, Trustee of the Lucky Lurtz Rev. Trust Dtd 1/13/2024

Firm/Company

PO Box 870844

Address

Boca Raton, Florida 33497

City/State and Zip Code

mship44@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arianna Wittig
Name of Person

at (561)
Area Code

213-9699
Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303