

L18 0000 97847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

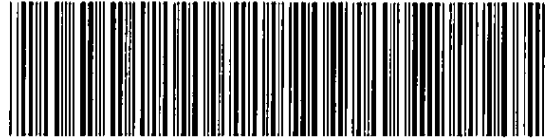
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 209 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

\_\_\_\_\_  
Firm/Company

1716 Capitol Ave Suite 100

\_\_\_\_\_  
Address

Cheyenne, WY 82001

\_\_\_\_\_  
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

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SIC FILING OFFICE  
TALLAHASSEE, FL

### 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: 209 North LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000097847

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

197 65th Terrace N.

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 or 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: Karin Lurtz aka Karin Lurtz-Wittig. Member, Manager

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Karin Lurtz aka Karin Lurtz-Wittig. Member, Manager

b. No authority granted to: \_\_\_\_\_

Karin Lurtz  
Signature of authorized representative

Karin Lurtz  
Typed or printed name of signature

Filing Fee: **\$25.00**  
Certified Copy: **\$30.00 (optional)**

2024 JAN 31 AM 11:07  
STATE OF FLORIDA  
TALLAHASSEE, FL

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