L18000697855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 306 South Lakeside 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)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Arianna Wittig at (561) 213-9699
Name of Person Area Code 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

CR2E138 (2/14)

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: 306 South Lakeside LLC

SECOND: The Florida Document Number of the limited liability company is: L18000097855

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:

197 65th Terrace N.
West Palm Beach, FL 33413

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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)

CR2E138 (2/14)