49000272993

(Requestor's Name)
(Address)
(Address)
(riddless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elikky Harris)
(Document Number)
Certified Copies Certificates of Status
Consisting of the Officer
· Special Instructions to Filing Officer:





600324828736

2019 FEB 15 AM 8: 27 SECTION OF STATE TATE AHASSEE, FL

19 FEB 15 FM 4: 24

-- 187 - . RAIFIL CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Filone. 030-330-1300						
ACCOUNT NO. : 12000000195						
REFERENCE : 63448 82506A						
AUTHORIZATION:						
COST LIMIT : \$ 25.00						
ORDER DATE : February 14, 2019						
ORDER TIME : 2:56 PM						
ORDER NO. : 634448-005						
CUSTOMER NO: 82506A						
ANNUAL REPORT FILING						
NAME: 301 NE 1ST ST LLC						
XX ANNUAL REPORT						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Emily Croft-EXT#62925						

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	301 NE 1ST ST LLC			
00202	··· · · · · · · · · · · · · · ·	imited Liability Comp	any	
Dear Sir	or Madam:			
The enci	losed Statement of Authority and fee(s) are	submitted for filing.		
Please re	eturn all correspondence concerning this ma	atter to the following:		
Steph	en R. Gladstone			
	Name of Person			
Steph	en R. Gladstone, P.A.	,		
	Firm/Company			
7000	West Palmetto Park Road, Suite	210		
	Address			
Boca	Raton, Fl 33433			
	City/State and Zip Code	 		
Steph	en R. Gladstone			
	E-mail address: (to be used for future annu	ual report notification)		
For furth	ner information concerning this matter, plea	se call:		
Steph	en R. Gladstone	561	394-0096	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section		G ADDRESS:	
	Division of Corporations		Registration Section Division of Corporations	
	Clifton Building	P.O. Box 6	5327	
	2661 Executive Center Circle	Tallahasse	e, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority		z statemer	it of
FIRST:	The name of the limited liability company is: 301 NE 1ST ST LLC		
SECON	D: The Florida Document Number of the limited liability company is: L18000272993		
THIRD:	The street address of the limited liability company's principal office is: 18590 HARBOR LIGHT WAY	(6)	2
	BOCA RATON, FL 33498	TALL AHA	2019 FEB
	The mailing address of the limited liability company's principal office is: 18590 HARBOR LIGHT WAY		
	BOCA RATON, FL 33498	S PATE E. FL	8: 27
position of person or	H: This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise or in the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: [to a speci	fic
	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: Shai Mashiach to secure financing from Paradise Bank in an amount not to exceed \$650,000.00	۲.	
	b. No authority granted to:		
Signature	Rick Burman of authorized representative Typed or printed name of six		
~15natui C	of authorized representative Typed or printed name of sign Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	gnature	

CR2E138 (2/14)