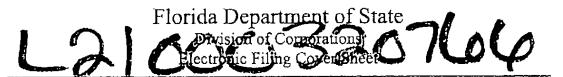
5/9/22, 10:18 AM

Division of Corporations



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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	FPC TOONIGH, LLC		
	Name of Lim	ited Liability Comp	any
Dear Sir o	or Madam:		
The enclo	sed Statement of Authority and fee(s) are s	ubmitted for filing.	
Please ret	urn all correspondence concerning this mat	ter to the following:	
Adam R.	Seligman, Esq.		
	Name of Person		
Ward Da	mon PL		
	Firm/Company		
4420 Bea	con Circle		
	Address		
West Pal	m Beach, Florida 33407		
	City/State and Zip Code		
Tgerhard	t@frostpointcapital.com		
	E-mail address: (to be used for future annua	l report notification)
For further	er information concerning this matter, please	e call:	
Adam R.	Seligman, Esq.	561 at ()	515-5674
	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

STATEMENT OF AUTHORITY

Pursuant to section 605.0 authority:	302(1), Florida Statutes,	this limited liability co	ompany submits the followi	ng statement of	f
FIRST: The name of th	e limited liability compan	y is: FPC TOONIGH	, LLC		_
SECOND: The Florida	Document Number of the	limited liability com	pany is:		-
	ress of the limited liability e Avenue, Suite 404	y company's principal	office is:		
West Palm Bea	ich, Florida 33401				
The mailing address of the limited liability company's principal office is: 120 South Olive Avenue, Suite 404					
West Palm Bea	ech, Florida 33401				
position of a person in a person on the following:	company, whether as a m	nember, transferee, ma	nority on all persons having nager, officer or otherwise of in the name of the company	or to a specific	
- -	ranted to:			COZZMAY –	3 3 3 4 4 4 7
b. N		/A		. vo	LED
2. May enter a. G	into other transactions of ranted to:	n behalf of, or otherwi er	se act for or bind, the compa		
a. G	epair/construction agreem	ents, permits, leasing	contacts and related matters		
	o authority granted to:	ell, mortgage encumbe	er the property or open		
Jugh No	Glad		Taylor N. Gerhardt, Mana		
Signature of authorized	Filir	ng Fee: \$25.00 tified Copy: \$30.00 (Typed or printed name of optional)	r signature	