

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L24000129163**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000129818 3)))



H240001298183ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RABIDEAU KLEIN
Account Number : I20200000035
Phone : (561)655-6221
Fax Number : (561)655-3221

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

DKlein@rabideauKlein.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

220 ARABIAN ROAD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2024 APR-9 PM 6:50

Electronic Filing Menu

Corporate Filing Menu

Help

APR 10 2024

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 220 ARABIAN ROAD, 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:

David E. Klein, Esq.
Name of Person

Rabideau Klein
Firm/Company

440 Royal Palm Way, Suite 101
Address

Palm Beach, Florida 33480
City/State and Zip Code

dklein@rabideauklein.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David E. Klein, Esq. at 561-655-6221
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

H2400 0129 8183

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: 220 ARABIAN ROAD, LLC

SECOND: The Florida Document Number of the limited liability company is: L24000129163

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


440 Royal Palm Way, Suite 101, Palm Beach, Florida 33480

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

440 Royal Palm Way, Suite 101, Palm Beach, Florida 33480

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. All actions and consents by the Managers shall be made by both Managers, whereby one Manager shall not be allowed to act without the other.


Signature of authorized representative

Mark Marcello

Typed or printed name of signature

SEE ATTACHED
Signature of authorized representative

Marc Julien

Typed or printed name of signature

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

CR2E138 (2/14)

2024 APR-9 PM 6:50

H240001298183

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: 220 ARABIAN ROAD, LLC

SECOND: The Florida Document Number of the limited liability company is: L24000129163

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

440 Royal Palm Way, Suite 101, Palm Beach, Florida 33480

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

440 Royal Palm Way, Suite 101, Palm Beach, Florida 33480

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. All actions and consents by the Managers shall be made by both Managers, whereby one Manager shall not be allowed to act without the other.

SEE ATTACHED

Signature of authorized representative



Signature of authorized representative

Mark Marcello

Typed or printed name of signature

Marc Julien

Typed or printed name of signature

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

CR2E138 (2/14)

2024 MAR 25 PM 6:50

14240001298183