

**L130000 57699**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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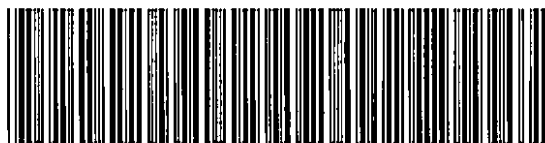
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EA FL LLC -L13000057699

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:

Sarah Barbaccia

Name of Person

Sarah Barbaccia, P.A.

Firm/Company

942 SW 93 Terrace

Address

Plantation, FL 33324

City/State and Zip Code

sbarbaccia@barbaccialaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Barbaccia

Name of Person

at ( 954 )

Area Code

748-4890

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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E A

### 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: EA FL LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000057699

**THIRD:** The street address of the limited liability company's principal office is:  
3434 Russel Street, #305

Detroit, MI 48207

The mailing address of the limited liability company's principal office is:  
3434 Russel Street, #305

Detroit, MI 48207

**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: Sarah Barbaccia, Esq.

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: Sarah Barbaccia, Esq.

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

Angelini  
Eddie Angelini

The foregoing instrument was sworn and subscribed before me this 23 day of July, 2018, by Eddie ANGELINI, who produced passport MAINGRE as identification.

SEAL:

Je Bruno CARBONNIER  
Notary Public Notaire à Aurier

\_\_\_\_\_  
Printed Notary Name

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

**ETUDE CARBONNIER**  
Notaires  
338, Route de la Ste Baume  
13390 AURIOL  
office.carbonnier@notaires.fr

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