

U4000013024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

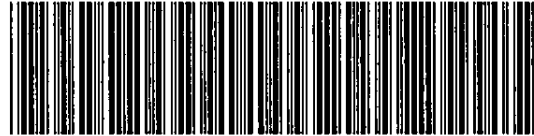
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pascal 2014 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:

Thierry Besse

Name of Person

FFM Services LLC

Firm/Company

19821 NW 2 Avenue , suite 385

Address

Miami Gardens FL 33169

City/State and Zip Code

ffmservicesllc@gmail.com

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

For further information concerning this matter, please call:

Thierry Besse

Name of Person

at ( 954 )

Area Code

2137259

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

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: Pascal 2014 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000013024

THIRD: The street address of the limited liability company's principal office is:  
512 NW 15TH Terrace Fort Lauderdale FL 33311

The mailing address of the limited liability company's principal office is:  
19821 NW 2ND AVENUE, SUITE 385  
MIAMI GARDENS FL 33169

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: CANTOS, ROBERT

b. No authority granted to: CANTOS Solange ;CANTOS  
Pascal ; CANTOS Laurent

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: CANTOS , ROBERT

b. No authority granted to: CANTOS Solange ;CANTOS  
Pascal ; CANTOS Laurent

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Signature of authorized representative

CANTOS Robert

Typed or printed name of signature

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