L16000031821

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

K. SALY JAN 24 2017

COVER LETTER

TO: Registration Section 'Division of Corporations •
SUBJECT: A GIRLAND HEN GLITTER, 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:
KRISTEN J. JOHNSON Name of Person
A GIRL AND HER GLITTER, LLC Firm/Company
536 Sotheby Way
De Bary, Fl 32713 City/State and Zip Code
agirlandher aliter @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KRISTEN J. JOHNSON at 407 923.2433 Name of Person Area Code 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 authority:	statement of
FIRST: The name of the limited liability company is: A GIRL AND HER GLITTER	<u> LUC</u>
SECOND: The Florida Document Number of the limited liability company is: <u>L16 00003</u>	1821
THIRD: The street address of the limited liability company's principal office is:	
536 Sattely Way DEBany, FL 32713	
De Bany, FZ 32713	
The mailing address of the limited liability company's principal office is:	20
same	11 JAN 20 AM II: 56
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FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to person on the following:	
1. May execute an instrument transferring real property held in the name of the company.	
a. Granted to: KM6ten J. Johnson, Mathew	
Johnson (MANAGING MEMBERS)	
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: Kitsten J. Johnson & Mathew	
JOHNSON (MANAGING MEMORIS)	
b. No authority granted to:	
KRISTEN JOHNS	
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	znature .