L16000219149

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: <u>1326 NW 9¹⁴ Ter LLC, a Florida li</u> Name of Li	mited liability compan imited Liability Compan	
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this ma	atter to the following:	
	Sarah Barbaccia		
	Name of Person	75	
	Sarah Barbaccia, P.A.		
	Firm/Company		.:
	942 SW 93 Terrace		
	Address		
	Plantation, FL 33324		
	City/State and Zip Code		
	sharbaccia@barbaccialaw.com		
	E-mail address: (to be used for future annu-	ual report notification)	
For fur	ther information concerning this matter, plea	ise call:	
	Sarah Barbaccia	ar (1)51	7.40 1000
	Name of Person	at (<u>954</u>) Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Division of P.O. Box 63	Corporations

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida S	Statutes, this limited liability	y company submits the following
statement of authority:		

statement of	of authority:		
FIRST: The company	ne name of the limited liability company is: 1326 NW 9 TH Ter LLC, a Florida lin	mited liability	
SECOND:	The Florida Document Number of the limited liability company is: <u>L16000</u> 2	219149	
THIRD: T	the street address of the limited liability company's principal office is: 3434 Russel Street, Suite 305	2019	
***************************************	Detroit, MI 48207	2019 MAY 22	AFR FIC
		PN 6: 43	
r 	The mailing address of the limited liability company's principal office is: 3434 Russel Street, Suite 305	- ÷ 5	
_	Detroit, MI 48207		
_		_	
status or po	This statement of authority grants or sets limitations of authority on all persosition of a person in a company, whether as a member, transferee, manager, effic person on the following:		wise
1.	May execute an instrument transferring real property held in the name of the	e 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.

b. No authority granted to:	
JOAN VIDON Joan Vidon	
Country of France	
The foregoing instrument was sw 2019, by JOCID	orn and subscribed before me this
SEAL:	Clave - Sophie Perdelle E
	Printed Notary Name
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	La nataire poussiané so dife
· · · · · · · · · · · · · · · · · · ·	Le notaire soussigné, certifie que la signature ci-contre
	a été apposée par flactanie Joan VIDON
	(a. (c) (d) (d) (d) (d)
	Notaire Notaire