

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

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

Email Address: KD@CohenNorris.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENTRE NOUS BISTRO, LLC**

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Help

T. LEMIEUX
JAN 26 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Entre Nous Bistro, 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 B. Norris, Esq.

Name of Person

Cohen Norris Wolmer Ray Telepman Berkowirz & Cohen

Firm/Company

712 US Highway 1, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

kd@cohenorris.com

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

For further information concerning this matter, please call:

Karen Drakas

Name of Person

561

Area Code

844-3600

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

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: Entre Nous Bistro, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000073185

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

123 US Highway One

North Palm Beach, Florida 33408

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

Same as above

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.

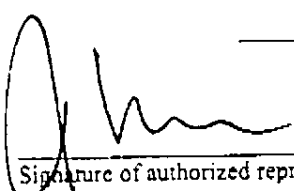
a. Granted to: _____

b. No authority granted to: Rachel Chandler

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

a. Granted to: _____

b. No authority granted to: Rachel Chandler


Signature of authorized representative

Jason Laudenslager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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2024 JAN 25 PM 12:20
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TALLAHASSEE, FL