L09 0000 1544Z

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St.	atus
Special Instructions to Filing Officer:	

Office Use Only



800333649798

08/26/10--01626 -006 - **25.86

2019 AUG 26 AM 11: 38

SEP 0.5 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ct: Integral Wind Custom Cabinetry LLC Name of Limited Liability Company
Dear Si	r or Madam:
The enc	losed Statement of Authority and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Enzo Barni Name of Person
	Custom Artisan Cabinetry Firm/Company
1	16 Cplaufs Rd. Swite A
	Boca Ruton, FL 33432 City/State and Zip Code
<u>bett</u>	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
_B	Name of Person at (561) 361 5111 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

CR2E138 (2/14)

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: Integral 11000 Custom
Cobinetry ILC
· ·
SECOND: The Florida Document Number of the limited liability company is: 90 - 0445361
THIRD: The street address of the limited liability company's principal office is:
176 Coloides Rd. Ste A. Boxa Rutan, FL 33432
Office / Shownoon
The mailing address of the limited liability company's principal office is:
176 Coloides RU Ste A. Buca Rutun, FL 33432
Office / Showroom
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.
3.
Jose Baini
b. No authority granted to:
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
n. Granted to: 3058 BOID)
Emo Baini
b. No authority grunted to:
Enzo Baini
Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)