

L11000020207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED

MAR 13 2015

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Foxpar 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:

**Ed Pantaleon**

Name of Person

**Pantaleon Law Firm, P.A.**

Firm/Company

**7479 Conroy Windermere Road, Suite B**

Address

**Orlando, Florida 32835**

City/State and Zip Code

**ed@pantaleonlaw.com**

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

For further information concerning this matter, please call:

**Ed Pantaleon**

at (

**407**

**392-2207**

) 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 statement of authority:

FIRST: The name of the limited liability company is: Foxpar LLC

SECOND: The Florida Document Number of the limited liability company is: L11000020207

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

6965 Piazza Grande Avenue, Suite 317

Orlando, Florida 32835

The mailing address of the limited liability company's principal office is:  
2295 S Hiawasse Rd, Suite 211

Orlando, FL, 32835

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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: Luciana Marques DeSousa,  
Ana Paula Castelo Albuquerque

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: Luciana Marques DeSousa ; Ana Paula Castelo  
Albuquerque

b. No authority granted to: \_\_\_\_\_

Luciana Marques de Sousa  
Signature of authorized representative

Luciana Marques DeSousa

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)