

**L11000078563**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

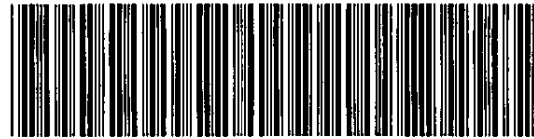
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200290361162

09/20/16--01029--005 \*\*55.00

FILED  
2016 SEP 20 P 1:09  
STATE OF FLORIDA  
TALLAHASSEE

SEP 21 2016  
BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Salon Dulay, LLC

Dear Sir or Madam:

The enclosed Statement of Authority is submitted for filing along with \$25 filing fee and \$30 fee for a certified copy.

Please return all correspondence concerning this matter to the following:

Laura Dulay  
Salon Dulay  
7828 Winter Garden Vineland Road, Suite 142  
Windermere, FL 34786  
lauradulay@msn.com

For further information concerning this matter, please call:

Laura Dulay at 407.256.3208

**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 32311

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2016 SEP 20 P 1:09

FILED

**STATEMENT OF AUTHORITY  
WITH RESPECT TO  
SALON DULAY, LLC**

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

**FIRST:** The name of this limited liability company is Salon Dulay, LLC (the "Company").

**SECOND:** The Florida Document Number of the Company is L11000078563.

**THIRD:** The street address and mailing address of the Company's principal office is 7828 WINTER GARDEN VINELAND ROAD, SUITE 142, WINDERMERE, FL 34786.

**FOURTH:** The undersigned, Laura Dulay, hereby represents, warrants and certifies that she is the sole and only Manager of the Company and that, in her capacity as the sole and only Manager of the Company, has the power and authority to do each of the following: (i) execute this Statement of Authority and deliver it to the Florida Department of State for filing, (ii) execute and deliver other certifications of authority of Company officers, agents and representatives, (iii) execute and deliver certifications of the authenticity of organizational documents of the Company, (iv) enter into transactions on behalf of the Company (including, but not limited to making financial decisions, opening and closing bank accounts, engaging in other banking transactions, and entering into and/or modifying lease agreements), and (v) otherwise act for and bind the Company

**FIFTH:** The undersigned, Laura Dulay, hereby represents that Eric Dulay has no rights to act on behalf of the Company.

**IN WITNESS WHEREOF**, the undersigned authorized representative of the Company has executed this Statement of Authority as of the 19<sup>th</sup> day of September, 2016.

By: \_\_\_\_\_

Laura Dulay, Manager

**FILED**  
2016 SEP 20 P 1:09  
CLERK OF CIRCUIT COURT  
TREASURY SEC. FLORIDA