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SECRETARY OF STATE
TAIL MIASSEE, FLORIDA

JUN 0 4 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Bayou nvestment UC 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:
Bianca Champagne Name of Person
Blue Bayou Investment Firm/Company
101 SE 1th Avenue
De ray Beach, FL 33483 City/State and Zip Code
bianca e topstop music · com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bianca Champagne at (Slot) 303-1629 Name of Person

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), Floridá Statutes, this limited liability company submits the following authority:	ng stateme	ent of	
FIRST: The name of the limited liability company is: Blue Bayou hvestm	ient,	<u>uc</u>	-
SECOND: The Florida Document Number of the limited liability company is: <u>L12000025</u>	<u>, 133</u>		_
THIRD: The street address of the limited liability company's principal office is: 101 SE 4th AVENUE			
Delray Beach, FL 33483			
The mailing address of the limited liability company's principal office is: 101 SE 4th Avenue			
Delray Beach, Fl 33483			
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise operson on the following: 1. May execute an instrument transferring real property held in the name of the company	or to a spec		
a. Granted to: Sergio George	Tie		
b. No authority granted to:	ALLAHASSEE	15 JUN -3 I	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Sergio George	FISTATE NYONDA	M 10: 51	
b. No authority granted to:			
Serain Goi	Orae.		
Signature of authorized representative Typed of printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	_	