LIBOUCLETITE

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phon	e #)			
. PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



000276887040

09/11/15--01015--015 **50.00



SEP 14 2015) BRUC

COVER LETTER

TO: Registration Section Division of Corporations BBPJJB LLC, a Florida limited liability company SUBJECT: 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: Jean-Jacques Berlidz Name of Person **BBPJJB LLC** Firm/Company 2871 Somerset Dr Address Lauderdaie Lakes, FL 33311 City/State and Zip Code caberly@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jean-Jacques Berlidz Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P O. Box 6327

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

STATEMENT OF AUTHORITY

Pursuant authority		D2(1), Florida Statutes, this limited liability company submits the following	g statement	of
FIRST:	The name of the	imited liability company is: BBPJJB, LLC		
SECON	D: The Florida D	ocument Number of the limited liability company is: L12000067190		
		ss of the limited liability company's principal office is:		
	2871 Somer	set Dr, Suite 200		
	Lauderdale I	akes, FL 33311		
	•	dress of the limited liability company's principal office is:		
	Lauderdale I	akes, FL 33311		
position	H: This statement of a person in a contract the following:	t of authority grants or sets limitations of authority on all persons having to impany, whether as a member, transferee, manager, officer or otherwise or	he status or to a specific	c
		an instrument transferring real property held in the name of the companys nted to: Apiradee Stalmach	SE 2	77
	b. No	authority granted to:	RY OF STA	T E O
		nto other transactions on behalf of, or otherwise act for or bind, the compar	71 2 1y. 2	
	b. No	authority granted to:		
	1 Bel	BERLIOZ:	Jean-	JACQUE
Signatur	e of authorized re	Typed or printed name of s Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ignature	

CR2E138 (2/14)