



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BBPJJB LLC, a Florida limited liability company

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 Berlioz

Name of Person

BBPJJB LLC

Firm/Company

2871 Somerset Dr

Address

Lauderdale Lakes, FL 33311

City/State and Zip Code

caberty@gmail.com

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

For further information concerning this matter, please call:

Jean-Jacques Berlioz

Name of Person

at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

**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: BBPJJB, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000067190

**THIRD:** The street address of the limited liability company's principal office is:  
2871 Somerset Dr, Suite 200  
Lauderdale Lakes, FL 33311

The mailing address of the limited liability company's principal office is:  
2871 Somerset Dr, Suite 200  
Lauderdale Lakes, FL 33311

**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: Apiradee Stalmach

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: \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

**FILED**

Signature of authorized representative

**BERLIOZ JEAN-JACQUES**

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)