

L12000141919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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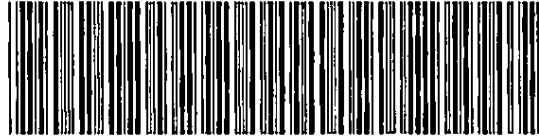
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IP 91 2490 NW 16TH CT FORT LAUDERDALE 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:

Sarah Barbaccia

\_\_\_\_\_  
Name of Person

Sarah Barbaccia, P.A.

\_\_\_\_\_  
Firm/Company

942 SW 93 Terrace

\_\_\_\_\_  
Address

Plantation, FL 33324

\_\_\_\_\_  
City/State and Zip Code

sbarbaccia@barbacciafaw.com

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

For further information concerning this matter, please call:

Sarah Barbaccia

\_\_\_\_\_  
Name of Person

at ( 954 ) 748-4890

\_\_\_\_\_  
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

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### 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: IP 91 2490 NW 16TH CT FORT LAUDERDALE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000141919

**THIRD:** The street address of the limited liability company's principal office is:  
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

The mailing address of the limited liability company's principal office is:  
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

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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:

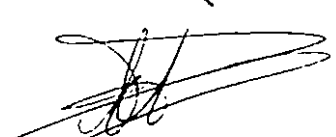
1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Sarah Barbaccia, Esq.

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: Sarah Barbaccia, Esq.

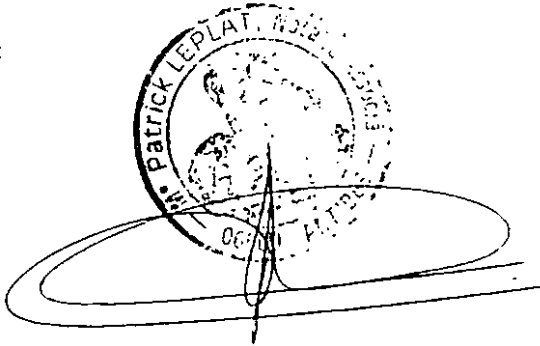


b. No authority granted to: \_\_\_\_\_

Laurent Censier

The foregoing instrument was sworn and subscribed before me this 9 day of August, 2018, by Mr. Laurent CENSIER who produced IDENTITY CARD as identification. N° 11 0413102830

SEAL:



P. LEPLAT

Notary Public

PATRICK LEPLAT

Printed Notary Name NOTAIRE

S.C.P. Patrick LEPLAT  
Marie-Josée BIGANZOLI  
Christian PIEFFET  
Stéphane VILLEMIN  
Cédric DIMEGLIO

NOTAIRES

5, Av. Gambetta - B.P. 639  
06632 ANTIBES Cédex

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

The undersigned French notaire hereby certifies the identity and signature of the bearer of this document. The notaire's liability does not extend to the contents of said document.

Maître Patrick LEPLAT • Notaire  
5, Avenue Gambetta - 06600 ANTIBES - France