

L13 0000 31879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

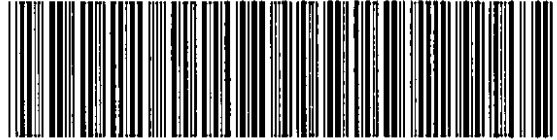
(Business Entity Name)

(Document Number)

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

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2020 JUN 22 PM 1:53

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Stmt Auth.

JUN 12 2020

ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FULL HOUSE WORKS 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

600 N. Pine Island Rd. Ste 175

Address

Plantation, FL 33324

City/State and Zip Code

sbarbaccia@barbaccialaw.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

### 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: FULL HOUSE WORKS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000031879

**THIRD:** The street address of the limited liability company's principal office is:  
708 NE 24<sup>TH</sup> AVENUE

POMPANO BEACH, FL 33062

The mailing address of the limited liability company's principal office is:  
708 NE 24<sup>TH</sup> AVENUE

POMPANO BEACH, FL 33062

**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: \_\_\_\_\_

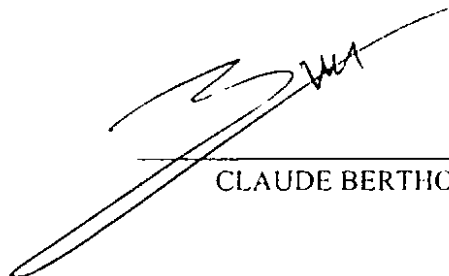
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to : Sarah Barbaccia, Esq.

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

  
CORINNE BERTHOME

  
CLAUDE BERTHOME

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was sworn and subscribed before me this 5 day of December, 2019, by CORINNE BERTHOME and CLAUDE BERTHOME who produced PASSPORTS as identification.

SEAL:



  
Notary Public

\_\_\_\_\_  
Printed Notary Name

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