# 1300051611

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#### COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJE	CT: <u>LUTHAVI, LLC</u>		
	Name of Lit	nited Liability Comp	oany
Dear S	r or Madam:		
The en	closed Statement of Authority and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this ma	tter 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@barbaccialaw.com		
	E-mail address: (to be used for future annu	al report notification	)
For fur	ther information concerning this matter, pleas	se call:	
	Sarah Barbaccia	at ( 954	) 748-4890
	Name of Person	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

## \* Ethibit A \*

#### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following

SECON	D: The Florida Document Number of the limited liability company is: <u>L130000</u>	<u>051611</u>	
THIRD	: The street address of the limited liability company's principal office is: 805 N. ANDREWS AVENUE	_ = ===================================	201
	FT. LAUDERDALE. FL 33311	LAHASS	2010 HAY 25
		TOF STATE	PM 5: 01
_	The mailing address of the limited liability company's principal office is: 805 N. ANDREWS AVENUE	ŞЯ	10
	FT. LAUDERDALE, FL 33311	<del></del> -	

or to a specific person on the following:

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

status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise

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.

<del></del>		
b. No authority grant	2011 HAY 25  ALL TABLE TABLE TO BE DECIDED T	7.
JEROME FABRE	S PH 5: 01	T
$\bigcirc$ $\triangle$ $\checkmark$ . 2018. by <b>JERO</b>	nt was sworn and subscribed before me this 16 day of ME FABRE, who produced as identification.	
SEAL:  SENARD et Vanina VEIRY: SOL	SOLLARI Notary Public	
NOTAIRES ASSOCIES  NOTAIRES ASSOCIES  16-13251 MARSEILLE CEDEL	Mailo VANIM LEI AY SOLLI	ARI

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)