

L13000079816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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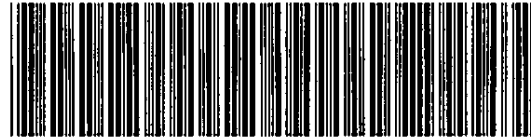
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPA LOCKA 13744 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:

Thierry Besse

Name of Person

OPA LOCKA 13744 LLC

Firm/Company

19821 nw 2 ave #385

Address

Miami gardens FL 33169

City/State and Zip Code

ffmservicesllc@gmail.com

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

For further information concerning this matter, please call:

Thierry Besse

at (**954**) **213-7259**

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

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: OPA LOCKA 13744 LLC

SECOND: The Florida Document Number of the limited liability company is: L13000079816

THIRD: The street address of the limited liability company's principal office is:
19821 NW 2 Ave# 385 Miami gardens, FL 33169

The mailing address of the limited liability company's principal office is:
19821 NW 2 Ave# 385 Miami gardens, FL 33169

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TALLAHASSEE, FLORIDA

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: SOLIGNAC, PHILIPPE

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: SOLIGNAC, PHILIPPE

b. No authority granted to: _____

Signature of authorized representative

SOLIGNAC, PHILIPPE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)