

L13000084100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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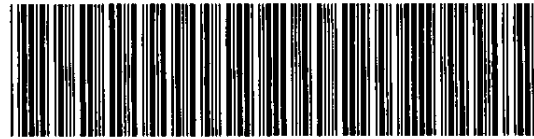
(Business Entity Name)

(Document Number)

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FILED
17 MAY 25 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prates & Princesses 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:

Jodi L. Strang
Name of Person

Strang Adams P.A.
Firm/Company

1130 Washington Ave, 3rd Floor
Address

Miami Beach, FL 33139
City/State and Zip Code

strang@strangkm.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Diaz at 805 397-8800
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: Pirates & Princesses LLC

SECOND: The Florida Document Number of the limited liability company is: 46-2970471

THIRD: The street address of the limited liability company's principal office is:

2750 NW 136th Avenue
Pembroke Pines, FL 33028

The mailing address of the limited liability company's principal office is:

2750 NW 136th Avenue
Pembroke Pines, FL 33028

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: Elena Battani

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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 25 AM 7:21

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[Signature]
Signature of authorized representative

CLAUDIA NATTEINI
Typed or printed name of signature

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

MATTED GIORAN