L13000093869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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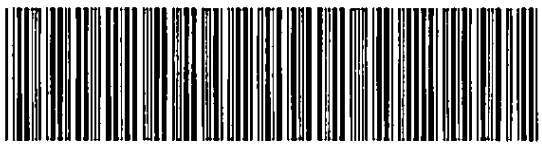

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2019 SEP 10 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN BAB 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@barbaccialaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please 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

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: SUN BAB LLC

SECOND: The Florida Document Number of the limited liability company is: L13000093869

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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TALLAHASSEE, FL

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.

Christine Picheta, Managing Member

The foregoing instrument was sworn and subscribed before me this 19 day of August, 2019, by Christine Picheta, who produced French passport as identification.

SEAL:

Notary Public

SHERRY SPRINGER

Printed Notary Name

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

Alexandra Picheta, Managing Member

The foregoing instrument was sworn and subscribed before me this 19 day of August, 2019, by Alexandra Picheta, who produced Private passport as identification.

SEAL:

SHERRY M SPRINGER
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in Kings County
01SP6388174
MY COMMISSION EXPIRES 03/04/2023

Notary Public

SHERRY SPRINGER
Printed Notary Name

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

b. No authority granted to: _____

_____

Jean Pierre Koller, Managing Member

The foregoing instrument was sworn and subscribed before me this 29 day of August, 2019, by Jean-Pierre KOLLER, who produced carte d'identité as identification.

SEAL:

Notary Public

Arnaud MALAUZAT

Printed Notary Name

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

Je, soussigné Me Arnaud MALAUZAT
notaire associé à MARSEILLE (13006),
69, rue Paradis, certifie sincère
et véritable la signature de
apposée ci-dessus.
Fait à MARSEILLE, le 29 août 2019

MALAUZAT - MICH...
Ancien Titulaire d'un Office...
69, rue Paradis
13177 MARSEILLE
Tél. 04 91 13 ...
Télécopie 04 91 55 5...