# 113000/11/156

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
• ,
(Danuman) Number
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## COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: <u>1244 W 27<sup>th</sup> LLC</u>		
Name of Lim	ited Liability Compa	ny
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Sarah Barbaccia		
Name of Person		
Sarah Barbaccia, P.A.		
Firm/Company	<u> </u>	
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 )	749 4800
Name of Person	Area Code	748-4890 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

# \*Exhibit A\*

### STATEMENT OF AUTHORITY

Pursua stateme	nt to section ent of autho	605.0302(1), Florida Statutes, this limited liability company submit	s the foll	owing	
FIRST	`: The name	of the limited liability company is: 1244 W 27th LLC	<del></del>	<del></del>	<del></del> -
SECO	ND: The Fl	orida Document Number of the limited liability company is: <u>L13000</u>	0111156		
THIRI	D: The stree	t address of the limited liability company's principal office is: N. ANDREWS AVENUE			
	FT.	LAUDERDALE, FL 33311			
				2018 H	
		ing address of the limited liability company's principal office is: N. ANDREWS AVENUE	AHASSEC. FL	2018 MAY 23 PM 1	
	FT.	LAUDERDALE, FL 33311	DPIEV	կ։ 29	
status o	r position o	atement of authority grants or sets limitations of authority on all pers f a person in a company, whether as a member, transferee, manager, on on the following:			vise
	1. May ex	secute an instrument transferring real property held in the name of th	e compar	ıy.	
	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.

b. No authority granted	fo:
ALAIN BAUDOIN	Typed or printed name of signature
The foregoing instrument APRIL 2018, by APRIL 2018, by APRIL 173 August 1821	was sworn and subscribed before me this day of as identification.
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	Notary Public  DETRE FOWN Co Con SIMA Printed Notary Name  Nu par MS Ldwin COLOMBINA NOTAIRE à MEUDON Pour la certification matérielle De la signature de M. ALAN BAUDON Le Al of (2018
Certified Copy: \$50.00 (optional)	2011 HAY 23 PH 4: 29 TALLAHASSEE, FLORIN

Corine BAUDOIN

CORINE BAUDOIN

Λ	The foregoing instrument	was sworn and subscribed	d before me this _,	2day of
HPRIL CORINE	_ 2018. by <u>Pars</u> Baydold.	as identification.	_, who produced	
SEAL:			// /i	

Printed Notary Name

Notary Public

Vu par Mg I dwin COLOMBINA NOTAIRE à MEUDON Pour la certification matérielle

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

De la signature de M CORIVE BAUDSIN Le 18 / 04 / 6.8