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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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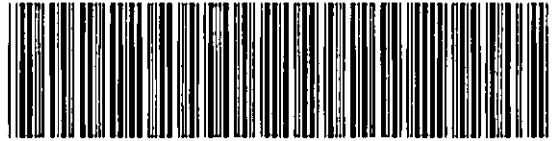
(Business Entity Name)

(Document Number)

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JAN 29 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2227 Cody Street, 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

600 N. Pine Island Rd #175

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

Name of Person

at (954)

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: 2227 Cody Street, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000111203

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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SECTION OF CORPORATIONS
STATE OF 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: 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.

b. No authority granted to: _____

Signature of authorized representative

Brigitte Jacqmarcq
Brigitte Jacqmarcq

COUNTRY OF FRANCE

The foregoing instrument was sworn and subscribed before me this 12 day of December, 2019, by Brigitte Jacqmarcq, who produced passport as identification.

SEAL:

CERTIFICATION DE SIGNATURE
Me Sophie SALUS
Notaire à LAMORLAYE (60)
certifie UNIQUEMENT que la
signature apposée ci-contre est
celle de M. JACQMARQ
Le notaire soussigné ne certifie ni la
validité ni l'efficacité du présent
document, ni même la capacité
juridique du signataire pour
signer ce document.
Fait le : 12 décembre 2019

Sophie Salus
Notary Public

Printed Notary Name

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

