

L13000 162090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

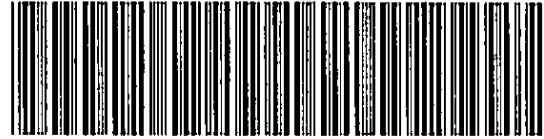
(Business Entity Name)

(Document Number)

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C GOLDEN

MAR 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LERVINCE 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, PA

Firm/Company

924 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

954

7484890

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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: LERVINCE LLC

SECOND: The Florida Document Number of the limited liability company is: L13000162090

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

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.



Vincent Lerville

Country of France

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12th day of February, 2020 by **Vincent Lerville**, who ☐ is personally known or ☒ has produced a passport as identification.

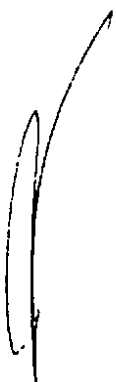

SEAL:

Notary Public

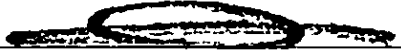
SABINE KASSE
Printed Notary Name


Certifiée La signature(s) apposée(s)
de M. r. Vincent LERVILLE

.....
par le Notaire associé soussigné
VANNES, le 12/02/2020.....

b. No authority granted to: _____

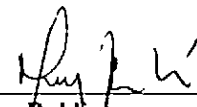

Antoine Gendre


Country of France State of Florida
Broward County

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 11th day of February, 2020 by Antoine Gendre, who ☒ is personally known or ☐ has produced a _____ as identification.

SEAL:




Notary Public

Mary Rose Leon
Printed Notary Name