# L13000165120

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K. SALY FEB 27 2018

	COVER LETTER		D: Broward	
TO:	Registration Section Division of Corporations			
SUBJI	ECT: 540 NW POMPANO LLC  Name of I	Limited Liability Company	ote:	Time:
Dear S	ir or Madam:			
The en	closed Statement of Authority and fee(s) ar	e submitted for filing.		
Please	return all correspondence concerning this n	natter to the following:		
	Sarah Barbaccia			
-	Name of Person			
	Sarah Barbaccia, P.A.			
	Firm/Company	<del></del>		
	942 SW 93 Terrace			
	Address			
	Plantation, FL 33324			
	City/State and Zip Code			
	sbarbaccia@barbaccialaw.com			
	E-mail address: (to be used for future an	nual report notification)	_	
For fu	ther information concerning this matter, ple	ease call:		
	Sarah Barbaccia	at ( 954 ) 74	8_4890	

Name of Person

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## MAILING ADDRESS:

Area Code

Daytime Telephone Number

simplifile"

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

	COVER LETTER	E-RECOF	RDED	simplifile'
	COVER LETTER			
то:	Registration Section Division of Corporations	D:	rand	
	·	ite:	Time:	
SUBJ	ECT: 540 NW POMPANO LLC			
	Name of Limited Liability Company			
Dear S	Sir or Madam:			
The e	nclosed Statement of Authority and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
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	Name of Person			
	Sarah Barbaccia, P.A.			
	Firm/Company			
	942 SW 93 Terrace			
	Address			
	Plantation, FL 33324			
	City/State and Zip Code			

at ( 954

Area Code

STREET/COURIER ADDRESS:

Name of Person

For further information concerning this matter, please call:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

sbarbaccia@barbaccialaw.com

Sarah Barbaccia

E-mail address: (to be used for future annual report notification)

MAILING ADDRESS:

Daytime Telephone Number

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



E-RECORDED	simplifile*
ID: 114900775	
County: Broward	***************************************
Date: 2/21/18 Time: 7	112 AM

# STATEMENT OF AUTHORITY

FIRST: The name	e of the limited liability company is: 540 NW POMPANO LLC	
SECOND: The Fl	Florida Document Number of the limited liability company is: <u>L13000165120</u>	
	eet address of the limited liability company's principal office is:  5 N. ANDREWS AVENUE	
FT.	C. LAUDERDALE, FL 33311	18 FEB 27 SECRETARY SECRETARY
	iling address of the limited liability company's principal office is: 5 N. ANDREWS AVENUE	R FEB 27 PM 3 02 SECRETARY OF STATE SECRETARY OF STATE
FT.	C. LAUDERDALE, FL 33311	
status or position or or to a specific per	statement of authority grants or sets limitations of authority on all persons havin of a person in a company, whether as a member, transferee, manager, officer or erson on the following:  execute an instrument transferring real property held in the name of the company.  Granted to: Sarah Barbaccia, Esq.	otherwise
b.	No authority granted to:	
2. May	enter into other transactions on behalf of, or otherwise act for or bind, the comp  Granted to: _Sarah Barbaccia, Esq	any.

18 FEB 27 PH 3 02

SECRETARY OF STATE
ALLAHASSEE, FLORIDA b. No authority granted to: \_\_\_\_ 1/09: BAUWENS Signature of authorized representative Typed or printed name of signature

The foregoing instrument was sworn and subscribed before me this // day of FF3.6 Ary , 2018, by \_\_\_\_\_ , who produced as identification.

### LEGITIMACIÓN / SIGNATURE RECOGNITION:

YO, JUAN LUIS MILLET SANCHO, NOTARIO DEL ILUSTRE COLEGIO NOTARIAL DE VALENCIA, CON RESIDENCIA EN JAVEA.

DOY FE: Que la firma que antecede corresponde a DON HUGO JOZEF MAURICE BAUWENS por coincidir con la firma que figura en el Acta autorizada por mi, en el día de hoy, con el número 159 de protocolo y SIN QUE MI INTERVENCIÓN SE EXTIENDA AL CONTENIDO del documento NI LE ATRIBUYA EFECTO PÚBLICO ALGUNO. Yo, el notario, conozco el idioma inglés y entiendo el contenido del documento, sin que hava ningún extremo que impida mi actuación.

Y para que conste, expido este testimonio de legitimación de firma, en Jávea, uno de febrero de dos mil dieciocho. DOY FE.

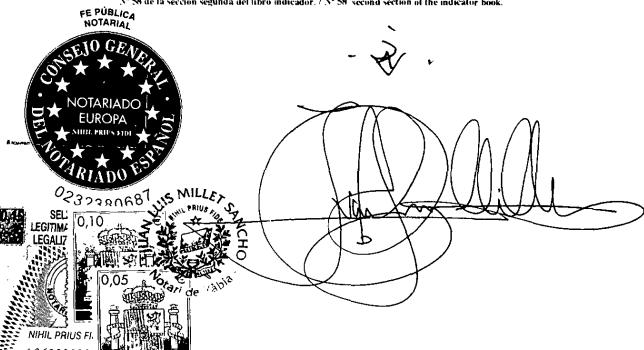
I, JUAN LUIS MILLET SANCHO, NOTARY OF THE ILLUSTRIOUS NOTARIAL COLLEGE OF VALENCIA, WITH RESIDENCE IN JAVEA.

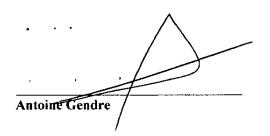
I CERTIFY: The signature that precede belong to MR. HUGO JOZEF MAURICE BAUWENS, for being identical with the signature that it appears in the notary's deed authorized by me, today, with protocol number 159, and 1 STATE THAT MY INTERVENTION DOES NOT EXTEND TO THE CONTENTS of same or ANY PUBLIC EFFECT IS ATTRIBUTED WHATSOEVER.

1, the notary, know the English language and I understand the content of the document, without there no extreme to prevent my performance.

And as such, I grant this certified of signature, in Javea, on the first day of February two thousand and eighteen WITNESSED.

Nº 58 de la sección segunda del libro indicador. / Nº 58, second section of the indicator book.





toonucry, 2018, by Antoine	sworn and subscribed before me this 2th day of Gandre, who produced
Driver's license	_ as identification.
MARY ROSE LEON Commission # GG 45218 My Commission Expires November 06, 2020	Notary Public Signature  Mary Ross Leon
	Printed Notary Name

Filing Fee: \$2

\$25.00

Certified Copy: \$30.00 (optional)

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