

L13000170430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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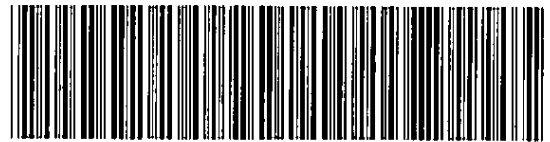
(Business Entity Name)

(Document Number)

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AUG 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOUVELLE FAMILLE 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:

THIBAUT, MARC

Name of Person

Firm/Company

19821 NW 2nd Avenue #385

Address

MIAMI Gardens, FL 33169

City/State and Zip Code

ffmservicesllc@gmail.com

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

For further information concerning this matter, please call:

THIBAUT, MARC

Name of Person

at (954) 2137259
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: NOUVELLE FAMILLE LLC

SECOND: The Florida Document Number of the limited liability company is: L13000170430

THIRD: The street address of the limited liability company's principal office is:

19821 NW 2nd Avenue #385

Miami Gardens, FL, 33169

The mailing address of the limited liability company's principal office is:

19821 NW 2nd Avenue #385

Miami Gardens, FL, 33169

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: THIBAUT, MARC

b. No authority granted to: CHARBONNE, BENJAMIN MICHEL

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: THIBAUT, MARC

b. No authority granted to: CHARBONNE, BENJAMIN MICHEL



Signature of authorized representative

Marc THIBAUT
Typed or printed name of signature

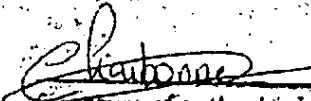
Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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JACKSONVILLE, FLORIDA

Continuance of page 2


Signature of authorized representative

DAVE THIBAUT
Typed or printed name of signature


Signature of authorized representative

Benjamin CHARBONNE
Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature

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FBI