

L14000021347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

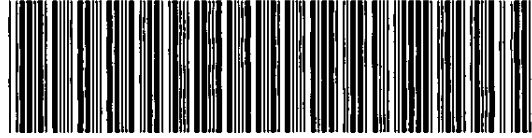
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280665415

01/11/16--01010--004 **25.00

RECEIVED
16 JAN 11 PM 3:45
FLORIDA DEPARTMENT OF REVENUE

JAN 13 2016

Y SULKER



Eastham Law Offices

138 West Palmetto Park Road
Boca Raton, FL 33432

Telephone: (561) 395-6800

Fax: (561) 391-6902

emjeastham@easthamlawoffices.com

JOHN K. EASTHAM, JR.
ERIK IAN EASTHAM

Of Counsel
David Rich

December 22, 2015

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

Re: Statement of Authority

Dear Sir/Madam:

Enclosed is a Statement of Authority for an existing business, I & F Transleau, LLC and a check in the amount of twenty-five dollars (\$25.00).

If you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Cathy Wending
Legal Assistant

/cw

Statement of Authority

For

I & F TRANSLEAU, LLC

The management of **I & F TRANSLEAU, LLC**, a Florida limited liability company is reserved to its manager, **Fabienne Comeille Transleau**. **I & F Transleau, LLC** is a manager managed limited liability company. No other individual or entity can bind the LLC in any transaction or contemplated transaction.

Principle place of business: 205 S.W. 29th Avenue
Delray Beach, Florida 33445

Document Number: L14000021347

The name and address of the person signing this Statement of Authority is Fabienne Comeille Transleau, the authorized representative of the company.

(In accordance with section 605.0203(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Fabienne Comeille Transleau

16 JAN 11 PM 3:45
STATE OF FLORIDA
COUNTY OF DELAWARE