1400001767

(Re	equestor's Name)	
(Ad	ldress)	
	-	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIO

D. BRUCE JUN 15 2017

COVER LETTER

TO: Registration Section Division of Corporations			
Raise the Barre LLC SUBJECT:			
Name of Limited L	iability Comp	any	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are submitted	ed for filing.		
Please return all correspondence concerning this matter to the	ne following:		
Theresa D. Polo			
Name of Person			
Raise the Barre LLC			
Firm/Company			
3827 Pleasant Hill Road			
Address			
Kissimmee, Florida 34746			
City/State and Zip Code			
misspolo064@gmail.com			SE SE
E-mail address: (to be used for future annual report	t notification)	CRE
For further information concerning this matter, please call:			SECRETARY OF
Theresa D. Polo	407	361-9942	mo m
Name of Person	Area Code	Daytime Telephone Numb	A II: 05

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority		
FIRST:	The name of the limited liability company is: Raise the Barre LLC	
SECON	D: The Florida Document Number of the limited liability company is: L14000021767	<u> </u>
	: The street address of the limited liability company's principal office is: 3827 Pleasant Hill Drive	
	Kissimmee, Florida 34746	
	The mailing address of the limited liability company's principal office is: 3827 Pleasant Hill Drive	
	Kissimmee, Florida 34746	
position	 Th: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific on the following: May execute an instrument transferring real property held in the name of the company. a. Granted to: Theresa D. Polo as Manager of the Company 	
	b. No authority granted to: Glenda R. Vitale as a Member or Theresa D. Polo as a Member Theresa D. Polo as a Member 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.	<u>n</u>
	a. Granted to: Theresa D. Polo as Manager of the Company	U
	b. No authority granted to: Glenda R. Vitale as a Member or Theresa D. Polo as a Member	
Signatur	Theresa D. Polo as Manager re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E138 (2/14)