## L14000066378

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## COVER LETTER

TO:	Registration Section Division of Corporations		. * * * * * * * * * * * * * * * * * * *
sбвл	ECT: SAINTE VICTOIRE INVESTME: Name of L	NTS, LLC imited Liability Compar	ny
Dear S	ir or Madam:		
	closed Statement of Authority and feets) are	submitted for filing.	
Please	return all correspondence concerning this in	natter to the following:	
	Sarah Barbaccia		
	Name of Person		
	Sarah Barbaccia, P.A.		
	Firm/Company		,
	600 N. Pine Island Road, Suite 175		
	Address		
	Plantation, FL 33324		
	City/State and Zip Code	***	
	sbarbaccia@barbaccialaw.com		
	E-mail address: (to be used for future and	nual report notification)	<del></del>
For fu	rther information concerning this matter, ple	rase call:	
	Sarah Barbaccia	at ( <u>954</u> )_	748-4890
	Name of Person	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

	if authority:  ie name of the limited liability company is: <u>SAINTE VICTOIRE INVESTMENTS</u>	SUC	
			_
SECOND:	The Florida Document Number of the limited liability company is: <u>L1400006</u>	6378	_
THIRD; T	he street address of the limited liability company's principal office is: 805 N. ANDREWS AVENUE		
	FT. LAUDERDALE, FL 33311		
		1	2020
T	he mailing address of the limited liability company's principal office is:  805 N. ANDREWS AVENUE		2020 HAY 11 AM
	FT. LAUDERDALE, FL 33311		9:11
tatus or po	This statement of authority grants or sets limitations of authority on all personsition of a person in a company, whether as a member, transferce, manager, offic person on the following:  May execute an instrument transferring real property held in the name of the company is the company of the company of the company is the company of	icer or otherwi	se
	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	e company. /	OHAN COELE
	a. Granted to: Sarah Barbaccia, Esq.	<u> </u>	(NUTARY)

b.	No authority	granted to:		 
			~	

Signature of authorized representative

Morgane Lerville



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Certified Copy: \$30.00 (optional)

Printed Name: JOHAN COETZEE

b. No authority granted to:	·
Signature of authorized representative	Murielle Rouyer
The foregoing instrument was sworn to and or [] online notarization this O day of POW [] is personally known or [] has produced [Notary Seal]	d subscribed before me by means of M physical presence  M
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	Je soussigné Me. Toure. OCCIVI ER Notaire à Aubagne 13400 France Certifie Verltable la rature de

apposée ci-contre