

L14 000098679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCLC LYON 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:

Sarah Barbaccia

Name of Person

Sarah Barbaccia, P.A.

Firm/Company

600 N. Pine Island Rd., Ste 175

Address

Plantation, FL 33324

City/State and Zip Code

sbarbaccia@barbaccialaw.com

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

For further information concerning this matter, please call:

Sarah Barbaccia

Name of Person

at (954) 748-4890

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: BCLC LYON LLC

SECOND: The Florida Document Number of the limited liability company is: L14000098679

THIRD: The street address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

The mailing address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

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: Sarah Barbaccia, Esq.

b. No authority granted to: _____

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

a. Granted to : Sarah Barbaccia, Esq.

b. No authority granted to: _____

Corinne Cesello
CORINNE CESELLO

Mme Cesello
LILIANNE CESELLO

Country of France

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 23 day of November, 2020 by CORINNE CESELLO and LILIANNE CESELLO who ☐ is personally known or ☒ has produced a driver's license as identification.

AU
Pour la légalisation de la signature
de M. Antoine Gendreau CESELLO
et Madame Corinne CESELLO
Chazay-d'Azergues, le
Pour le Maire,
L'Agent communal délégué



Antoine Gendreau
ANTOINE GENDREAU

Notary Public
Print Name: Véronique CHATTAI
My Commission Expires: Agent Communal

State of
County of

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 2020 by ANTOINE GENDRE who ☐ is personally known or ☐ has produced a driver's license as identification.

[Seal]

Notary Public
Print Name: _____
My Commission Expires: _____

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

b. No authority granted to: _____

CORINNE CESELLO

LILIANNE CESELLO

Country of France

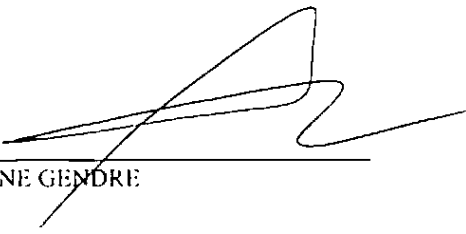
The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 2020 by CORINNE CESELLO and LILIANNE CESELLO who ☐ is personally known or ☐ has produced a driver's license as identification.

[Seal]

Notary Public

Print Name: _____

My Commission Expires: _____

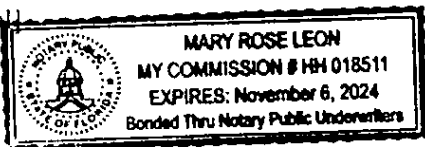


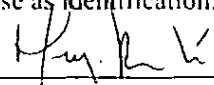
ANTOINE GENDRE

State of ~~Florida~~
County of ~~Broward~~

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 23rd day of November, 2020 by ANTOINE GENDRE who ☒ is personally known or ☐ has produced a driver's license as identification.

[Seal]





Notary Public

Print Name: Mary Rose Leon

My Commission Expires: Nov. 6th 2024

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)