

LI4 000098679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

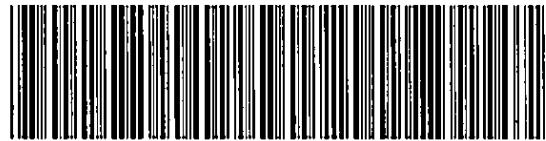
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

at (954) 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

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.

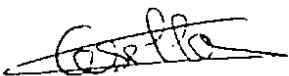
a. Granted to: Sarah Barbaccia, Esq.

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



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

Poser la légalisation de la signature
de M. Antoine Gendre CESELLO
et Madame Corinne CESELLO

Chazay-d'Azergues, le

Pour le Maire,
L'Agent communal délégué



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.

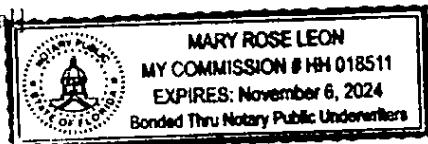
Mary Rose Leon

Notary Public

Print Name: Mary Rose Leon

My Commission Expires: Nov. 6, 2024

[Seal]



Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)