

LI4000118794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

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D. SCOTT

JAN 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEMAUSA US LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(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

942 SW 93 Terrace

Address

Plantation, FL 33324

City/State and Zip Code

sbarbaccia@barbacciafaw.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)

Area Code

748-4890

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

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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: NEMAUSA US LLC

SECOND: The Florida Document Number of the limited liability company is: L14000118794

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.

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CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

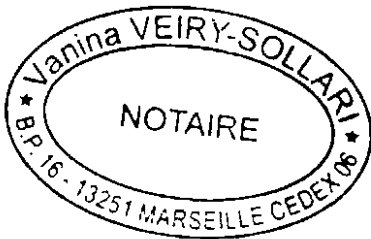
b. No authority granted to: _____

NEMAUSA Sarl FABRE

JEROME FABRE

The foregoing instrument was sworn and subscribed before me this 12 day of December, 2018, by Jerome FABRE, who produced identity card - passport as identification.

SEAL:



Je Vanina VEIRY-SOLLARI
Notary Public

Printed Notary Name

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

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