## L14000121903

|                      | (Requestor's Name)       |        |
|----------------------|--------------------------|--------|
|                      | (Address)                |        |
|                      | (Address)                |        |
|                      | (City/State/Zip/Phone #) |        |
| PICK-U               | P WAIT                   | MAIL   |
| -                    | (Business Entity Name)   |        |
| -                    | (Danisa and Nissa kan)   |        |
|                      | (Document Number)        |        |
| Certified Copies     | Certificates of S        | Status |
| Special Instructions | s to Filing Officer      |        |
|                      | one.                     |        |
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Office Use Only



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## COVER LETTER

|             | Registration Section Division of Corporations  |                                       |   |
|-------------|--|---------------------------------------|---|
| SUBJEC      | BCL - Beauty Center and Lour   | nge L.L.C                             |   |
| SOBILE      |  | ted Liability Comp                    | pany  |
| Dear Sir o  | or Madam:  |                                       |   |
| The enclo   | sed Statement of Authority and fee(s) are su   | bmitted for filing.                   |   |
| Please ret  | urn all correspondence concerning this matte   | er to the following:                  | :   |
| Tiago \     | √erde  |                                       | #*  |
|             | Name of Person   |                                       |   |
| A Welt      | Stern Company  |                                       | 25 (<br>25 (<br>25 (  |
|             | Firm/Company   |                                       | (1) St.   |
| 716 NE      | E 193rd Street   |                                       | Nings<br>The<br>Control   |
|             | Address  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·                                       |
| North M     | Miami Beach - FL - 33179   |                                       | <b></b>   |
|             | City/State and Zip Code  |                                       |   |
| t.camp      | oi@aweltstern.com  |                                       |   |
|             | E-mail address: (to be used for future annual  | report notification                   | n)  |
| For furthe  | er information concerning this matter, please  | call:                                 |   |
| Tiago \     | /erde  | 305                                   | 570.5234  |
|             | Name of Person   | Area Code                             | Daytime Telephone Number  |
| 1<br>1<br>( | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registrati<br>Division (<br>P.O. Box  | IG ADDRESS:<br>ion Section<br>of Corporations<br>6327<br>see, Florida 32314 |



## STATEMENT OF AUTHORITY

| authority |  | •         | tof           |
|-----------|--|-----------|---------------|
| FIRST:    | The name of the limited liability company is: BCL - Beauty Center and Lounge   | L.L.C     | <del></del>   |
| SECON     | D: The Florida Document Number of the limited liability company is:  |           |               |
| THIRD     | The street address of the limited liability company's principal office is:  1000 5th Street - Suite 200  | Der :     | 2814 JB       |
|           | Miami Beach - FL   |           | <u></u> - 谜 3 |
|           | 33139  | 10 m      | PH            |
|           | The mailing address of the limited liability company's principal office is: 716 NE 193rd Street  |           | 1 2 52        |
|           | North Miami Beach - FL   |           |               |
|           | 33179  |           |               |
|           | May execute an instrument transferring real property held in the name of the company.     a. Granted to: Evandro Barcellos & Veronica Barcelos         |           |               |
|           | b. No authority granted to: None   |           |               |
|           | 2. May enter into other transactions on behalf of, or otherwise act for or bind, the comparation a. Granted to:  Evandro Barcellos & Veronica Barcelos | ny.       |               |
|           | b. No authority granted to: None   |           |               |
| Lu        | Tiago Verde  |           |               |
| Signatur  | re of authorized representative  Typed or printed name of s  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)                                   | signature | ~             |

## STATEMENT OF AUTHORITY

| authority:              |  | •                |
|-------------------------|--|------------------|
| FIRST:                  | The name of the limited liability company is: BCL - Beauty Center and Lounge   | e L.L.C          |
| SECOND                  | : The Florida Document Number of the limited liability company is:   |                  |
|                         | The street address of the limited liability company's principal office is:  1000 5th Street - Suite 200  |                  |
| !                       | Miami Beach - FL   |                  |
|                         | 33139  |                  |
| •                       | The mailing address of the limited liability company's principal office is: 716 NE 193rd Street  |                  |
| 1                       | North Miami Beach - FL   |                  |
| -                       | 33179  |                  |
| position o<br>person on | I: This statement of authority grants or sets limitations of authority on all persons having fa person in a company, whether as a member, transferee, manager, officer or otherwise the following:  . May execute an instrument transferring real property held in the name of the company  a. Granted to: Evandro Barcellos & Veronica Barcelos | or to a specific |
|                         | b. No authority granted to: None   |                  |
| 2                       | May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to:  Evandro Barcellos & Veronica Barcelos  | any.             |
|                         | b. No authority granted to:  |                  |
| Signature               | Tiago Verde of authorized representative  Typed or printed name of   | Signature        |

Filing Fee:

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