L15000123872

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of	Status		
Special Instructions to Filing Officer:			





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I ALBRITTON

COVER LETTER

Name of Limited I	iability Compar	ıy
Dear Sir or Madam:		
he enclosed Statement of Authority and fee(s) are submitted	ted 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@barbaccialaw.com		
E-mail address: (to be used for future annual repo	rt notification)	
for further information concerning this matter, please call:		
Sarah Barbaccia	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

Registration Section

Division of Corporations

TO:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

statemen	to section 605.0302(1), Florida Statutes, this limited liability company submits t of authority: The name of the limited liability company is: FIMARA II LLC	
SECON	D: The Florida Document Number of the limited liability company is: <u>L1500012</u>	23872
THIRD:	The street address of the limited liability company's principal office is: 805 N. ANDREWS AVENUE	
-	FT. LAUDERDALE. FL 33311	2019 FEB 19 PM 1: 05
-		19 PH
_	The mailing address of the limited liability company's principal office is: 805 N. ANDREWS AVENUE	: 05
-	FT. LAUDERDALE, FL 33311	
status or	H: This statement of authority grants or sets limitations of authority on all person position of a person in a company, whether as a member, transferce, manager, of ecific person on the following:	ns having the ficer or otherwise
1	. May execute an instrument transferring real property held in the name of the o	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	ne company.
	a. Granted to: Sarah Barbaccia, Esq.	

h. No authority granted to:	
VINCENT FRERING	
country of France	
The foregoing instrument was swo NOVENBER . 2018, by VINCENT PASS PORT a	orn and subscribed before me this 12 Th day of FRER(WL, who produced s identification.
SEAL:	Notary Public

ON (Rhône)

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Mac VAN GORP
Printed Notary Name

Je soussigne, Monsieur Marc Van GORP, notaire à LYON, certifie que la signature apposée ci desur émane de Tomoseur Vincent FRERING

