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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	LES	3 C)LI\	/IERS	INVEST	LL	C
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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		-
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	report notification	n)
For further information concerning this matter, please	call:	
Sarah Barbaccia	. 054	
Name of Person	at (<u>954</u> 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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	п	Е.	L	u	п	L	LJ.

simplifile*

Date 3-29-18 Time: 10:11 AM

STATEMENT OF AUTHORITY

RST:	nt of author The name	of the limited liability company is: <u>LES 3 OLIVIERS INVEST LLC</u>	;		_
CON	ID: The Flo	orida Document Number of the limited liability company is: <u>L15000</u>	176718		
HIRD		address of the limited liability company's principal office is: N. ANDREWS AVENUE			
	FT.	LAUDERDALE, FL 33311			
			_ _ _ _ _ _ _ _	2811	
		ng address of the limited liability company's principal office is: N. ANDREWS AVENUE	LAHASSI	MAR 30	***
	FT.	LAUDERDALE, FL 33311	OF STATES EE FLORIOA	AH IB 44	
			— Q	300	
us or	position o	atement of authority grants or sets limitations of authority on all pers f a person in a company, whether as a member, transferee, manager, on on the following:			wise
	I. May ex	ecute an instrument transferring real property held in the name of th	e compan	y.	
	a.	Granted to: Sarah Barbaccia, Esq.			

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

a. Granted to: Sarah Barbaccia, Esq.

ANTOINE GENDRE

day of

LAWRENCE JOSEPH ZANE
Notary Public, State of Michigan
County of Wayne
My Commission Expires Aug. 04, 2021
Acting in the County of ORLAND

Notary Public

LAWRENCE ZANE

Printed Notary Name

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

b. No authority granted to:	
THIERRY GANDIN	
The foregoing instrument was sworn Harch, 2018, by Thierry GA Treuch Parasst as id	and subscribed before me this day of, who produced lentification.
SEAL:	
	Notary Public
LAURA LEFEBVRE MY COMMISSION # GG 158139 EXPIRES: November 6, 2021	LANDA LEFEBURE
Bonded Thru Notary Public Underwriters	Printed Notary Name

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