

L16000100800

(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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06/17/16--01001--011 **25.00

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16 JUN 16 PM 4:05

FILED
2016 JUN 16 AM 6:04
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUN 17

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FONTES ABREU, LLC

Signature _____

Requested by: Seth

06/16/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fontes Abreu, 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:

Michael Lyons
Name of Person

Lyons and Smith, P.A.
Firm/Company

1230 NW 7th Street
Address

Miami, FL 33125
City/State and Zip Code

FontesjulioCesara@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Abreu-Fontes at (954) 830-9212
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: Fontes Abrev, LLC

SECOND: The Florida Document Number of the limited liability company is: 216 000100800

THIRD: The street address of the limited liability company's principal office is:

868 NW 42nd Place

Pompano Beach, FL 33064

The mailing address of the limited liability company's principal office is:

868 NW 42nd Place

Pompano Beach, FL 33064

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

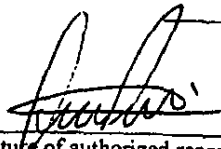
a. Granted to: Luis F. Abrev-Fontes

b. No authority granted to: Julio Cesar Lima Fontes

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company, including but not limited to the execution of mortgages, notes, security instruments and other loan documents.

a. Granted to: Luis F. Abrev-Fontes

b. No authority granted to: Julio Cesar Lima Fontes


Signature of authorized representative

Luis F. Abrev-Fontes
Typed or printed name of signature

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