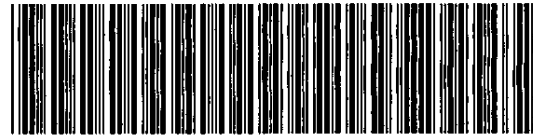


L17000005220



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02/23/17--01013--018 **25.00

(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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TALLAHASSEE, FLORIDA

D. SCOTT
FEB 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sew Fabulous Tailor & Design Studio, 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:

Phyllis A Wilson

Name of Person

Sew Fabulous Tailor & Design Studio LLC

Firm/Company

107 8th Ave SE Hgr. #12

Address

St. Petersburg, Florida 33701

City/State and Zip Code

phylliswilson94@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis A. Wilson

Name of Person

at

(727)

Area Code

220-8984

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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TALLAHASSEE, FLORIDA

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: Sew Fabulous Tailor & Design Studio LLC

SECOND: The Florida Document Number of the limited liability company is: L17000005220

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

107 8th Ave SE Hgr. #12

St. Petersburg, Fl 33701

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

107 8th Ave SE Hgr. #12

St. Petersburg, Fl 33701

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: _____

b. No authority granted to: _____

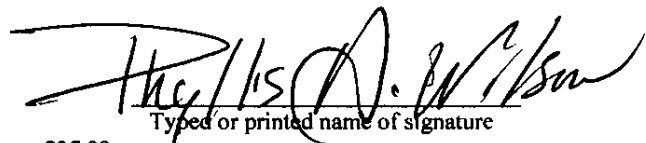
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: _____

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA


Signature of authorized representative


Typed or printed name of signature

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