

L17000081711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

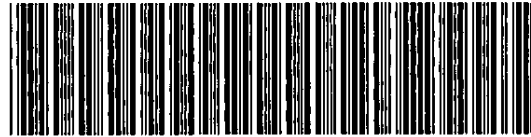
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAY 11 P 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
MAY 12 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

JOYCE WALLACH
1012 TAPESTRY LANE
CELEBRATION, FL 34747

SUBJECT: ENCHANTED BOUTIQUE CELEBRATION FLORIDA, LLC
Ref. Number: L17000081711

We have received your document for ENCHANTED BOUTIQUE CELEBRATION FLORIDA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A00008623

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enchanted Boutique Celebration Florida, 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:

Joyce Wallach

Name of Person

Enchanted Boutique Celebration Florida, LLC

Firm/Company

1012 Tapestry Lane

Address

Celebration, Florida 34747

City/State and Zip Code

danwallach@shepherdsfinance.com

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

For further information concerning this matter, please call:

Dan Wallach

Name of Person

at 412

Area Code

913-8719

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

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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: Enchanted Boutique Celebration Florida, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000081711

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

605 Market Street

Suite 140

Celebration, FL 34747

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

1012 Tapestry Lane

Celebration, FL 34747

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: Joyce S. Wallach

Daniel M. Wallach

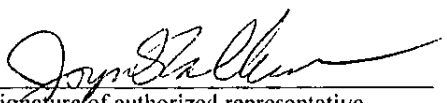
b. No authority granted to: _____

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

a. Granted to: Joyce S. Wallach

Daniel M. Wallach

b. No authority granted to: _____



Signature of authorized representative

Joyce S. Wallach, Member

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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