

L18000108213

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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FILED
2021 OCT 22 PM 4:41
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boundless Developments, 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:

Pierre Leneveu
Name of Person

BOUNDLESS DEVELOPMENTS LLC
Firm/Company

178 RUE AIME-VINCENT
Address

VAUDREUIL-DORION, QUEBEC, CANADA J7V 5V5
City/State and Zip Code

mmi.hml@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roy Foxall at (239) 4610065
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following **FILED** statement of authority:

FIRST: The name of the limited liability company is: Boundless Developments, LLC **2021 OCT 22 PM 4:41**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: The Florida Document Number of the limited liability company is: 18000108213

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

178 Aime-Vincent

Vaudreuil-Dorion

Quebec, Canada J7V 5V5

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

178 Aime-Vincent

Vaudreuil-Dorion

Quebec, Canada J7V 5V5

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.

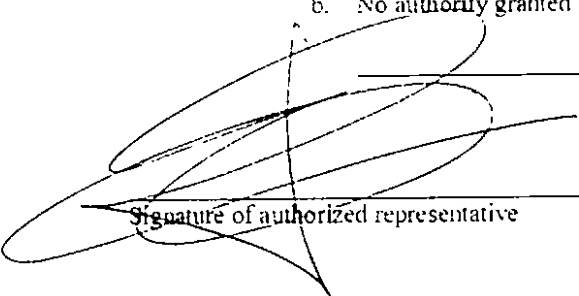
a. Granted to: Serge Savoie

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: Serge Savoie

b. No authority granted to: _____


Signature of authorized representative

Pierre Leneveu
Typed or printed name of signature

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