1190000 26515

(Re	equestor's Name)	 			
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





900327513739

04/11/16==01012==011 **30.00

R. WHITE



COVER LETTER

Division of Corporations
SUBJECT: 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:
Chris Pepe Name of Person
Nascha Enterprises
35 Greylock Rd Address
Tewksbury, MA 01876 City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Pepe at 347 782 8485 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

• • • i

TO:

Registration Section

STATEMENT OF AUTHORITY

authority:			y company suomi	_		
FIRST: The name of th	ne limited liability compan	y is: <u>V</u> C	ischa	Cnter	prise	S
SECOND: The Florida	Document Number of the	limited liability c	ompany is:	9 5 00	<u> </u>	J15
THIRD: The street add		ble Ri		<u> </u>		
The mailing a	address of the limited liabil 5 1021 Sto Spring H	ity company's pri	ncipal office is: 2UN T 34V)r. >10_		
FOURTH: This statem position of a person in a person on the following:	ent of authority grants or s company, whether as a me	ets limitations of a	authority on all per manager, officer o	rsons having the or to	2019 App	د معدد ا معدد ا معدد
	ranted to:	~	eld in the name of		1 PH 12: 03	
b. No	o authority granted to:				,,	
	into other transactions on ranted to:	behalf of, or other	wise act for or bin	d, the company.		
b. No	o authority granted to:					
Signature of authorized r	representative Filing	: Fee: \$25.0		TOPNET	Pepe ature	

Certified Copy: \$30.00 (optional)