

L19000 159937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

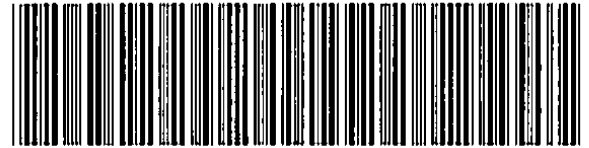
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG
JUL 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FASHION STYLES UNLIMITED, 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:

BETSY LOUIS

Name of Person

Firm/Company

1465 SW GLASTONBERRY AVE

Address

PORT SAINT LUCIE, FL 34953

City/State and Zip Code

INFO@FASHIONSTYLESUNLIMITED.COM

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

For further information concerning this matter, please call:

BETSY LOUIS

Name of Person

772

Area Code

480-0094

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: FASHION STYLES UNLIMITED, LLC.

SECOND: The Florida Document Number of the limited liability company is: L19000159937

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

1465 SW GLASTONBERRY AVE

PORT SAINT LUCIE, FL 34953

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

1465 SW GLASTONBERRY AVE

PORT SAINT LUCIE, FL 34953

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.

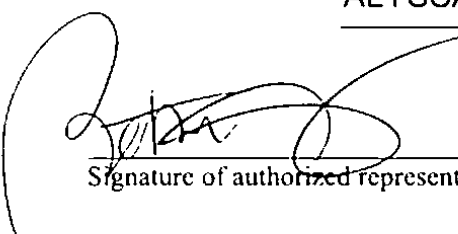
a. Granted to: BETSY LOUIS

b. No authority granted to: TYFANI J LOUIS
ALYSSA M SCHUSTER

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

a. Granted to: BETSY LOUIS

b. No authority granted to: TYFANI J LOUIS
ALYSSA M SCHUSTER


Signature of authorized representative

BETSY LOUIS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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