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COVER LETTER

TO:	Registration Section, Division of Corporations	•	. 7			
	Division of corporation		•		personal section of the section of t	
SUBJE	CT: Fantou, LL	c, a Fl	lor <u>ida l</u>	imited	liability	<u>company</u>
SUBJE	Name	of Limited	Liability Con	npany		
Dear Sir	r or Madam:					
		(a) and makes	itted for filing	,		
	losed Statement of Authority and feet					
Please r	eturn all correspondence concerning t	his matter to	o the followin	g:		
	Patty Crissy					
	Name of Person					
	Broward Title Comp	any				
	Firm/Company			-		
	4700 Sheridan Stre	et, Su:	ite I			
				_		
	Address	24				
	Hollywood, FL 330	21				
	City/State and Zip Code			_		
	Frantzmd2@gmail.co	om.				
	E-mail address: (to be used for future	re annual re	port notificati	on)		
For furt	her information concerning this matte	ar, p leas e ca	11:			
F	rantz Toussaint	a	508_	<u> 406-</u>	5254	
	Name of Person		Area Code	Dayt	ime Telephone Nur	nber
	STREET/COURIER ADDRESS:		MAIL.	ING ADDI	RESS:	
	Registration Section		Registr	ation Section	on.	
	Division of Corporations			n of Corpo	rations	
	Clifton Building			ox 6327	L 20214	
	2661 Executive Center Circle		Tallaha	issee, Florid	M 32314	

CR2E138 (2/14)

Tallahassee, Florida 32301

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STATEMENT OF AUTHORITY

T: The name	of the limit	ed liability con	ipany is:						
Fantou	LLC, a	Florida	limited	liabi	lity	compar	ıy_	<u>.</u>	
				-					
OND: The Flo	orida Docum	ent Number o	the limited lial	bility ∞mpa	my is:				
RD+ The street	t add res s of	the limited liab	oility company's	s principal o	ffice is:				
			Street_						
			4					-	1. 8
<u>M</u>	ıamı,	FL 3316	<u> </u>		<u> </u>			3	
		· - ·				<u> </u>			型: 53
The mail	ing address	of the limited	liability compar	ny's principa	al office i	s:			EN AUG 31
2	92_N.E	. 1 <u>5</u> 0th	Street						WIN AUG 31 PUCKARDA
м	iami	FT. 3316	1						TEL BANK
	ramr,	111 2210	<u>'</u>						· · · · · · · · · · · · · · · · · · ·
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