

L20 0000130545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

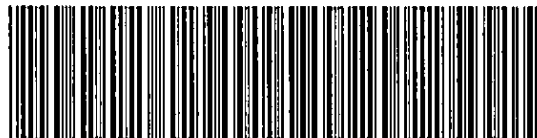
(Business Entity Name)

(Document Number)

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Statement  
of Authority

(30 of 30)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Artistry Lash & Beauty 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:

Anibett Oller

\_\_\_\_\_  
Name of Person

Artistry Lash & Beauty LLC

\_\_\_\_\_  
Firm/Company

540 nw 165 st rd suite#207

\_\_\_\_\_  
Address

Miami, FL 33169

\_\_\_\_\_  
City/State and Zip Code

lashedbyani@gmail.com

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

For further information concerning this matter, please call:

Anibett Oller

305

879-9246

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 statement of authority:

**FIRST:** The name of the limited liability company is: Artistry Lash & Beauty LLC

**SECOND:** The Florida Document Number of the limited liability company is: L20000130545

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

540 nw 165 st rd suite #207, Miami, FL 33169

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

540 nw 165 st rd suite #207, Miami, FL 33169

**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: Anibett Oller

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: Anibett Oller

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Anibett Oller

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**