

L21000148395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

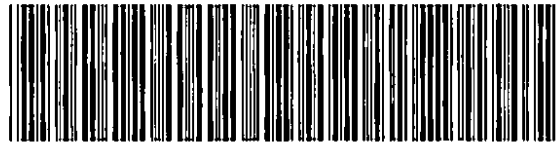
(Business Entity Name)

(Document Number)

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JUL 20 2021
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hairvibesinternational
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:

Donterra Gary
Name of Person

Hairvibesinternational LLC
Firm/Company

4051 NW 34th way
Address

Laderdale Lakes, FL 33309
City/State and Zip Code

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

For further information concerning this matter, please call:

Donterra Gary at (954) 708-7300
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

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SECRET

July 1, 2021

AMBER PATTERSON
4051 NW 34TH WAY
FORT LAUDERDALE, FL 33309

SUBJECT: HAIRVIBESINTERNATIONAL L.L.C.
Ref. Number: L21000148395

We have received your document for HAIRVIBESINTERNATIONAL L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Authority must be filed before an Amendment or Cancellation of Statement of Authority can be filed as we have no record of a Statement of Authority being filed. Please see the enclosed form to file a Statement of Authority if this is your intention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 921A00015044

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: Hairvibesinternal LLC

SECOND: The Florida Document Number of the limited liability company is: L21000148395

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

4051 NW 34th Way
Larlerdale Lakes, FL 33309

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

10720 Brynhurst Ave Apt #15
Los Angeles, CA 90043

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: Amber Patterson

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: Amber Patterson

b. No authority granted to: _____

2021 JUL 19 PM 2:11

FILED

Donterra Gary
Signature of authorized representative

Donterra Gary
Typed or printed name of signature

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