

L21000347432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FANTAST, 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:

L. MICHAEL OSMAN

Name of Person

FANTAST, LLC

Firm/Company

1474-A West 84 Street

Address

HiALENH, FL. 33014

City/State and Zip Code

LMO1474@aol.com

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

For further information concerning this matter, please call:

L. MICHAEL OSMAN

Name of Person

at (305) 823-1401

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: FANTAST, LLC

SECOND: The Florida Document Number of the limited liability company is: L2100034732

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

1474-A WEST 84 STREET

HIWEEH, FL. 33014-3363

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

SAME AS ABOVE

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: L. MICHAEL OSMAN

b. No authority granted to: _____

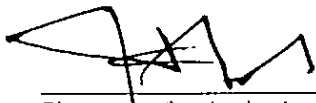
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: L. MICHAEL OSMAN

b. No authority granted to: _____

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Signature of authorized representative

L. MICHAEL OSMAN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)