

LO7000072699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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D. SCOTT  
NOV 9 2017

**JOSEPH J. SOROTA, JR., P.A.**

Attorney and Counselor at Law

*Wills, Trusts & Estate Planning*  
*Corporate and Business Law*  
*Taxation*  
*Probate*

*29750 U.S. Highway 19 North, Suite 200*  
*Clearwater, Florida 33761-1510*  
*Telephone (727) 785-9994*  
*Fax (727) 785-0001*

November 3, 2017

Via Federal Express

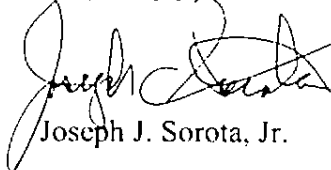
Secretary of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: BAARN I, LLC

Gentlemen:

Enclosed for filing is a Statement of Authority. Also enclosed is a check in the amount of \$55.00 to cover the filing fee of \$25.00 and one certified copy of the Statement of Authority, the cost of which is \$30.00, together with a postage paid envelope for the return of the certified copy.

Very truly yours,



Joseph J. Sorota, Jr.

JJS:srm  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAARN I, 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:

Joseph J Sorota Jr

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

Joseph J Sorota Jr P. A.

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

29750 U S Highway 19 North - Suite 200

\_\_\_\_\_  
Address

Clearwater FL 33761

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

sorotalaw@aol.com

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

For further information concerning this matter, please call:

Joseph J Sorota Jr

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

727

\_\_\_\_\_  
Area Code

785-9994

\_\_\_\_\_  
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: BAARN I, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L07000072699

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

29750 U S Highway 19 North - Suite 200

Clearwater, FL 33761

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

29750 U S Highway 19 North - Suite 200

Clearwater, FL 33761

**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.

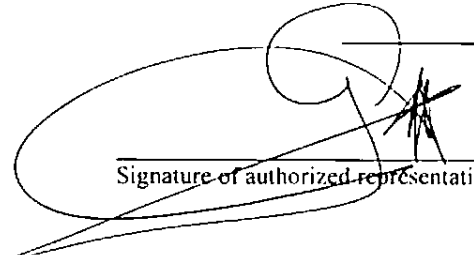
a. Granted to: Joseph J Sorota Jr

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: Joseph J Sorota Jr

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

  
\_\_\_\_\_  
Signature of authorized representative

Gerardus J. M. Van Hoof, MGB

Typed or printed name of signature

**Filing Fee: \$25.00**

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