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(City/State/Zip/Phone #)

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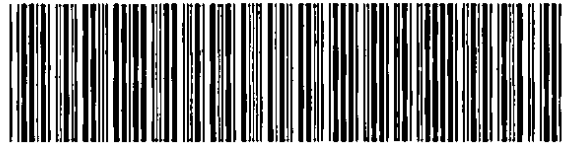
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kala South Group 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:

Jose E. Bustillo, Esq.

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

Jose E. Bustillo, P.A.

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

5400 S University Drive, Ste 405

\_\_\_\_\_  
Address

Davie FL 33328

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

jose@bustillolaw.com

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

For further information concerning this matter, please call:

Jose E. Bustillo, Esq.

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

954

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

885.9100

\_\_\_\_\_  
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: Kala South Group LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000131986

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

3140 S Ocean Drive, #712

Hallandale, FL 33009

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

3140 S Ocean Drive, #712

Hallandale, FL 33009

**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: Javier Pablo Sestopal and Dario Sestopal, jointly  
Instrument must be signed by both.

b. No authority granted to: Javier Pablo Sestopal, alone.

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

a. Granted to: Javier Pablo Sestopal and Dario Sestopal, jointly

b. No authority granted to: Javier Pablo Sestopal, alone.

[Signature]  
Signature of authorized representative

Dario Sestopal, member

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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