

L12000152197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

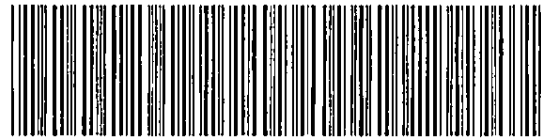
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V. SIKKES

JUL 01 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KIT ESTATES LLC

Signature _____

Requested by: Seth

07/08/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File Authority
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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 **KIT ESTATES, LLC**.

SECOND:

The Florida Document Number of the limited liability company is **L12000152197**

THIRD:

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

175 SW 7th Street, Suite 2309
Miami, FL 33130

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

175 SW 7th Street, Suite 2309
Miami, FL 33130

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: **CLAUDIA TEJEDA**
 - b. No authority granted to: Not applicable.
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
 - a. Granted to: Not applicable
 - b. No authority granted to: Not applicable.



Signature of Authorized Representative

Luis Enrique Galviz

Typed or Printed Name of Signature

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TALLAHASSEE, FLORIDA