#1 13000101396

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K. SALY EXAMINER JAN 8 0 2015

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	TK Miami, LLC		
		Limited Liability Comp	pany
Dear Sir	or Madam:		
The encl	osed Statement of Authority and fee(s) ar	e submitted for filing.	
Please re	turn all correspondence concerning this n	natter to the following:	
Victor	Rones		
	Name of Person		
Victor	K. Rones P.A.		
	Firm/Company		
16105	NE 18th Avenue		
	Address	. ,	
North I	Miami Beach, FI 33162		
	City/State and Zip Code		
	E-mail address: (to be used for future and	nual report notification	n)
For furth	er information concerning this matter, plo	ease call:	
Victor	Rones	305	945-6522
	Name of Person	Area Code	Daytime Telephone Number
			••
	STREET/COURIER ADDRESS:		G ADDRESS:
	Registration Section		ion Section
	Division of Corporations		of Corporations
	Clifton Building	P.O. Box	· ·
	2661 Executive Center Circle Tallahassee, Florida 32301	1 ananass	ee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to authority:	section 66	05.0302(1), Florida S		lity company submits the follow	ving statement of		
IRST: Th	e name o	of the limited liability	TK Mian company is:	ni, LLC ———————————————————————————————————			
SECOND:	L13000101396 COND: The Florida Document Number of the limited liability company is:						
		address of the limited	l liability company's prin				
M	iami Be	each, Fl 33139			TOIS JAH STORE E		
	The mailing address of the limited liability Same as Above			any's principal office is:			
					- Andrew		
osition of a erson on th	a person i he followi	in a company, whethe ring: xecute an instrument to	er as a member, transfere	f authority on all persons having the manager, officer or otherwise held in the name of the comparation of t	or to a specific		
	a.	Granted to:		avor of Miami Stuff, LLC	<u>-</u> : -		
	b.	No authority grante	ed to:		_		
2.	May er a.	Geo Granted to:	orge Martin to execu	nerwise act for or bind, the compute an open end favor of Miami Stuff, LLC	_		
	Ь.	No authority grante	ed to:				
4	20 K	Lenned		Thomas R. Kenned	− y Jr.		
Signature o	f authoriz	zed representative	Filing Fee: \$25 Certified Copy: \$30		of signature		