

L13000129332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 02 2015

BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAIT KAN, 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:

SETH E. ELLIS, ESQ.

Name of Person

TRIPP SCOTT, P.A.

Firm/Company

4755 TECHNOLOGY WAY, STE 205

Address

BOCA RATON, FL 33431

City/State and Zip Code

KSK@TRIPPSCOTT.COM

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

For further information concerning this matter, please call:

SETH E. ELLIS, ESQ.

Name of Person

at (

561

Area Code

910-7500

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: BAIT KAN, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000129332

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

8619 SOUTH DIXIE HIGHWAY

MIAMI, FL 33143

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

8619 SOUTH DIXIE HIGHWAY

MIAMI, FL 33143

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: RICARDO WARMAN

SARIT WARMAN

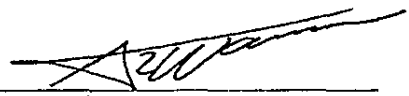
b. No authority granted to: _____

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

a. Granted to: RICARDO WARMAN

SARIT WARMAN

b. No authority granted to: _____


Signature of authorized representative

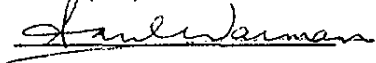
RICARDO WARMAN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)



SARIT WARMAN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SARIT WARMAN
 - b. No authority granted to: _____

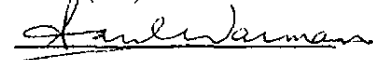

Signature of authorized representative

RICARDO WARMAN

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)



SARIT WARMAN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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