

# L13000/41927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

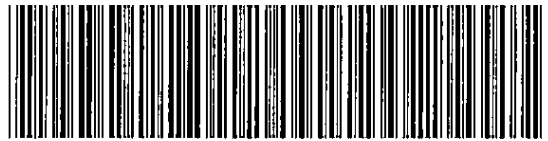
(Business Entity Name)

(Document Number)

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2023 APR 13 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 13 2023  
B CONNEL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** K Squared Holdings 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:

Talia Krugman-Kadi

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

K Squared Holdings LLC

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

204 37th Street N #124

\_\_\_\_\_  
Address

St. Petersburg, FL 33704

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

taliaksquared@gmail.com

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

For further information concerning this matter, please call:

Talia Krugman-Kadi

352  
at ( )

870-0618

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

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

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### 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: K Squared Holdings LLC

**SECOND:** The Florida Document Number of the limited liability company is: L1300141927

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

834 E Univeristy Ave

Gainesville, FL 32601

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

204 37th Street N

#123

St. Petersburg, FL 33704

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**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: Talia Krugman-Kadi

b. No authority granted to: Susan Krugman-Kadi

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

a. Granted to: Talia Krugman-Kadi

b. No authority granted to: Susan Krugman-Kadi

  
Signature of authorized representative

Talia Krugman-Kadi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)