

L14 0000 69168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

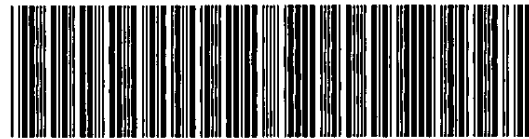
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

MAY 15 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Balga 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:

Sarah Rodriguez  
Name of Person

Limited Liability Company  
Firm/Company

5002 SW 102 Ave  
Address

Miami FL 33165  
City/State and Zip Code

balgaLLC@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Rodriguez at (786) 4997353  
Name of Person Area Code 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: Balga LLC

SECOND: The Florida Document Number of the limited liability company is: LI4000069168

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

5002 SW 102 Ave, Miami FL 33165

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

5002 SW 102 Ave, Miami FL 33165

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: Sarah Rodriguez

b. No authority granted to: N/A

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

a. Granted to: Sarah Rodriguez

b. No authority granted to: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY 12 AM 9:37

FILED

  
Signature of authorized representative

SARAH Rodriguez  
Typed or printed name of signature

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