

L14000120849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

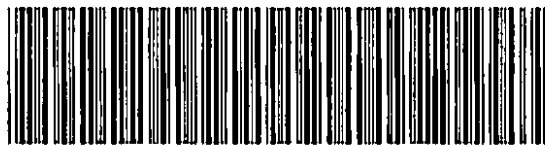
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2/19/21

[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KNIGHT WORTH 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 Barbaccia

Name of Person

Sarah Barbaccia, P.A.

Firm/Company

600 N. Pine Island Rd., Ste 175

Address

Plantation, FL 33324

City/State and Zip Code

sbarbaccia@barbacciaalaw.com

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

For further information concerning this matter, please call:

Sarah Barbaccia

Name of Person

at (954) 748-4890

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

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STATEMENT OF AUTHORITY

SECRETARY OF STATE
TALLAHASSEE, FL

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: KNIGHT WORTH LLC

SECOND: The Florida Document Number of the limited liability company is: L14000120849

THIRD: The street address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

The mailing address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

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 Barbaccia, Esq.

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: Sarah Barbaccia, Esq.

b. No authority granted to: _____

LISE BAYARD

MICHEL BAYARD

[Signature]

Country of France

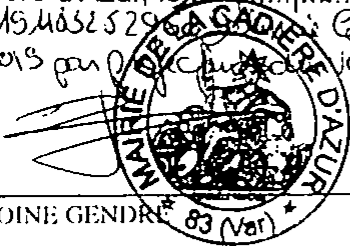
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 14th day of December, 2020 by LISE BAYARD and MICHEL BAYARD who ☐ is personally known or ☒ has produced a driver's license as identification.

[Seal]
Vu pour la légalisation de la signature
de M. BAYARD... apposée ci-dessus

La Cadière d'Azur, le 15/12/2020...

CNI N° 19403252966 GAGNIER &

18/11/2019 par *[Signature]*



ANTOINE GENDRE 83 (Var)

Notary Public

Print Name: _____

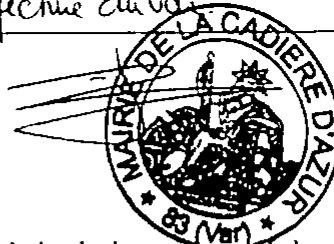
My Commission Expires: _____

Vu pour la légalisation de la signature
de M. BAYARD... apposée ci-dessus

La Cadière d'Azur, le 15/12/2020...

CNI N° 14048320556 GAGNIER & C 10/04/2019

par *[Signature]*



State of _____
County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 2020 by ANTOINE GENDRE who ☐ is personally known or ☐ has produced a driver's license as identification.

[Seal]

Notary Public

Print Name: _____

My Commission Expires: _____

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

b. No authority granted to: _____

LISE BAYARD

MICHEL BAYARD

Country of France

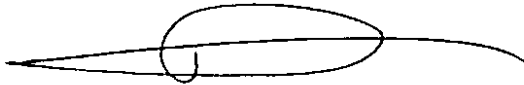
The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 2020 by LISE BAYARD and MICHEL BAYARD who ☐ is personally known or ☐ has produced a driver's license as identification.

[Seal]

Notary Public

Print Name: _____

My Commission Expires: _____



ANTOINE GENDRE

State of Florida
County of Broward

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 14th day of December, 2020 by ANTOINE GENDRE who ☒ is personally known or ☐ has produced a driver's license as identification.

[Seal]



Notary Public

Print Name: Mary Rose Leon

My Commission Expires: Nov. 6th 2024

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)