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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
BALTAKESER, LLC	
SUBJECT: Name of Limited Liability Com	pany
Dear Sir or Madam:	
The enclosed Statement of Authority and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following	:
Michael Edwards, Esq.	
Name of Person	
Michael Edwards, P.A.	
Firm/Company	
1844 S.E. Port St. Lucie Blvd.	
Address	
Port St. Lucie, FL 34952	ं व
City/State and Zip Code	温量 1
michaeledwardslaw@gmail.com	
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call:	
Michael Edwards, Esq. 772	335-4949
Name of Person Area Code	Daytime Telephone Number
Registration SectionRegistratiDivision of CorporationsDivisionClifton BuildingP.O. Box	GG ADDRESS: ion Section of Corporations 6327 see, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

ursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of uthority: IRST: The name of the limited liability company is: BALTAKESER, LLC			
SECOND: The Florida Document	Number of the limited liab	pility company is: L15000034	4158
FHIRD: The street address of the 4252 BANDY BLVD	limited liability company's		
FORT PIERCE, FL			
4252 BANDY BLVD	he limited liability compan		
FORT PIERCE, FL	34981-4733		
	DZGUR O. BALTAC	nerty held in the name of the cor	npany.
b. No authority			- 13 July 18
	transactions on behalf of, o	or otherwise act for or bind, the	company.
b. No authority	granted to:		
Latina.	2-	OZGUR O. BAL	TACIOGLU
nerature of authorized representati	ive Filing Fee:	Typed or printed na \$25.00	