

L1500037326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

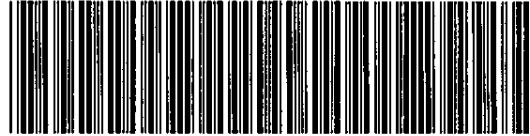
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

**MAY 20 2015
RUC**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND CUISINE,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:

CLAUDETTE O.BATTS, ESQ.

Name of Person

CLAUDETTE O. BATTS, P.A.

Firm/Company

17800 SW 83 AVE

Address

PALMETTO BAY, FLORIDA , 33157

City/State and Zip Code

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

For further information concerning this matter. please call:

CLAUDETTE O. BATTS

Name of Person

305

Area Code

3288446

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

2015 MAY 12 PM 12:22

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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: ISLAND CUISINE, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000037326

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

13740 SW 152 ST.

MIAMI, FLORIDA 33177

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

13740 SW 152 ST.

MIAMI FLORIDA 33157

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: MICHAEL HENDRICKS
CHRISTINE HENDRICKS

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: MICHAEL HENDRICKS
CHRISTINE HENDRICKS

b. No authority granted to: _____


Signature of authorized representative

MICHAEL HENDRICKS
Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA