

15 066195240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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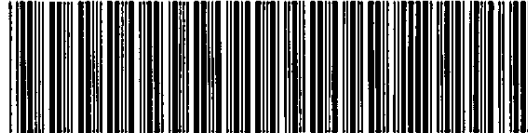
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KBA 1941, 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:

JEFFREY A. LEVINE

Name of Person

JEFFREY A. LEVINE, P.A.

Firm/Company

6751 N FEDERAL HIGHWAY #301

Address

BOCA RATON, FLORIDA 33487

City/State and Zip Code

Betsy@jalevine.com

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

For further information concerning this matter, please call:

JEFFREY A. LEVINE

Name of Person

561

Area Code

997 - 8688

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


AA

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: KBA 1941, LLC

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

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

1941 NE 206 TERRACE

MIAMI, FLORIDA 33179

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

1941 NE 206 TERRACE

MIAMI, FLORIDA 33179

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: CHRISTIAN LUCCO AND/OR
ADRIANA ACOSTA PEREZ

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: CHRISTIAN LUCCO AND/OR
ADRIANA ACOSTA PEREZ

b. No authority granted to: _____


Signature of authorized representative

JEFFREY A. LEVINE
Typed or printed name of signature

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

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15 DEC 22 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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