

L18000113449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

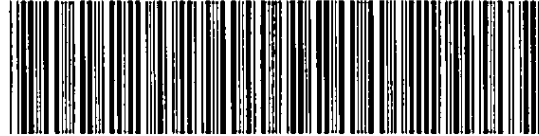
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. BRUCE  
SEP 26 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FROM SCRATCH FOOD GROUP, 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:

Jesenia Gil

Name of Person

Stok Folk + Kon

Firm/Company

18851 NE 29th Avenue, Suite 1005

Address

Aventura, FL 33180

City/State and Zip Code

Moishebrown@gmail.com

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

For further information concerning this matter, please call:

Jesenia Gil at (305) 935-4440  
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

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TALLAHASSEE, FLORIDA

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: FROM SCRATCH FOOD GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000113449

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

9509-9511 Harding Avenue

Surfside, FL 33154

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

9370 E Bay Harbor Drive

APT. 1A

Bay Harbor Islands, FL 33154

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: Moshe Brown

b. No authority granted to: Andrea Brown

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

a. Granted to: Moshe Brown

b. No authority granted to: Andrea Brown

  
\_\_\_\_\_  
Signature of authorized representative

Moshe Brown  
\_\_\_\_\_  
Typed or printed name of signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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