

L19 000070718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

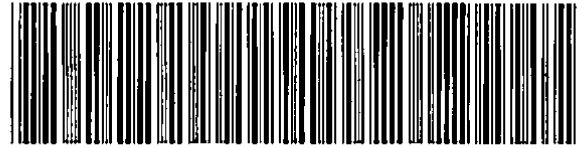
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL 29 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FL

JUL 31 2019

C. Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDREA'S CUISINE, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell D. Kaplan, Esq.

Name of Person

Russell D. Kaplan, P.A.

Firm/Company

7951 SW 6th Street, Suite 210

Address

Plantation, FL 33324

City/State and Zip Code

rusk@rdkpa.com

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

For further information concerning this matter, please call:

Nikki Medina

954

763-7777 x3

Name of Person

at (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

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: ANDREA'S CUISINE, LLC.

SECOND: The Florida Document Number of the limited liability company is: L19000070718

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

502 Lucerne Avenue

Lake Worth, FL 33460

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

502 Lucerne Avenue

Lake Worth, FL 33460

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.

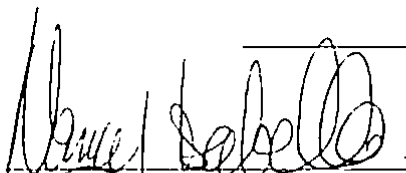
a. Granted to: _____

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: Francesca Jourdan; and Andrea Jourdan

b. No authority granted to: _____


Signature of authorized representative

Nancy Isabelle

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FL