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## **COVER LETTER**

Division of Corporations		
BRACHA & SONS LLC SUBJECT:		
	Limited Liability Con	npany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) a	are submitted for filing	
Please return all correspondence concerning this	matter to the following	3:
Ross Zalkind, Esq.		
Name of Person		=
Rosenfield & Zalkind, P.L.		
Firm/Company		-
2323 Hollywood Blvd		
Address	·	-
Hollywood, FL 33020		
City/State and Zip Code		-
rzalkind@globalamericatitle.com		
E-mail address: (to be used for future ar	inual report notificatio	n)
For further information concerning this matter, pl	lease call:	
Ross Zalkind, Esq.	954 at (	620-1100
Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section

## STATEMENT OF AUTHORITY

authority	
FIRST:	The name of the limited liability company is:  BRACHA & SONS LLC
SECON	D: The Florida Document Number of the limited liability company is: L20000041341
THIRD	The street address of the limited liability company's principal office is: 421 NW 10TH TERRACE
	HALLANDALE, FL 33009
	HALLANDALE, FL 33009  The mailing address of the limited liability company's principal office is:  421 NW 10TH TERRACE  HALLANDALE, FL 33009
	HALLANDALE, FL 33009
position -	H: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific n the following:
	May execute an instrument transferring real property held in the name of the company.      Sharon Bachar as Manager of the Company  a. Granted to:    Company
	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:  Sharon Bachar as Manager of the Company
	b. No authority granted to:
G. Signatura	E of authorized representative  Typed or printed name of signature
5/317C	Typed or printed name of signature  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)