

L13000086082

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

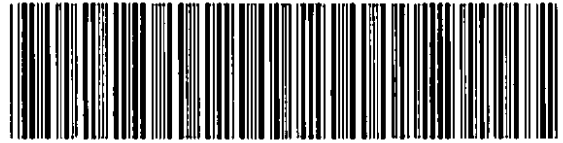
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**DATE: 4/22/2021**

**NAME: BLACK HILLS LLC**

**TYPE OF FILING: STATEMENT OF AUTHORITY**

**COST: 55.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Hills, 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:

Francisco Cesar Di Giacomo

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6505 N.W 77th Place

\_\_\_\_\_  
Address

Parkland, FL 33067

\_\_\_\_\_  
City/State and Zip Code

otaviometzker@gmail.com

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

For further information concerning this matter, please call:

Carmine De Michele

954

254-3095

\_\_\_\_\_  
Name of Person

at ( )

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

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: BLACK HILLS, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000086082

THIRD: The street address of the limited liability company's principal office is:  
3850 SW 87TH AVE  
Suite 301  
Miami, FL 33165

The mailing address of the limited liability company's principal office is:  
3850 SW 87TH AVE  
Suite 301  
Miami, FL 33165

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.

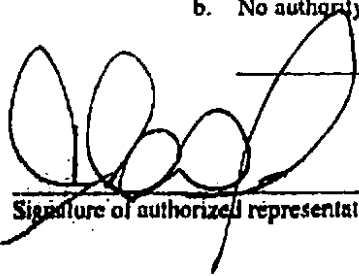
a. Granted to: Carmine De Michele

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: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

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

FRANCISCO CESAR DI GIACOMO  
Typed or printed name of signature

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

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