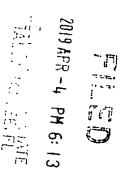
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	(Requestor's Name)			
(Address)				
•	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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R. WHITE APR 12 2019

## MICHAEL I. ROSE, P.A.

ATTORNEYS AT LAW

1648 BRICKELL AVENUE
UNIT 8102
MIAMI, FL 38129
TELEPHONE: (305) 378-6300
FACSIMILE: (305) 878-1080
EMAIL: MIROSE@MIRLEGAL.COM

#### VIA FEDERAL EXPRESS

April 3, 2019

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Statement of Authority

Hitch International, LLC

Document No. L08000003182

Dear Sir or Madam:

Enclosed herewith is a Statement of Authority for the above referenced liability company, along with my check # 5939 in the amount of \$25 representing the filing fee.

Your cooperation in providing me with a certified copy of the Statement of Authority and returning same in the enclosed Federal Express envelope, as quickly as possible, will be appreciated.

Very truly yours,

MICHAEL I. ROSE

MIR:mm

Enclosures



#### **COVER LETTER**

			•
VIZUTA	Name of Person	at ( Area Code	Daytime Telephone Numbe
	EL I. ROSE	305	373-6300
or furthe	er information concerning this matter, p	olease call:	
1	E-mail address: (to be used for future a	nnual report notification	<u>n)</u>
<b>MIROS</b>	E@MIRLEGAL.COM		
	City/State and Zip Code		
MIAMI,	FL 33129		_
	Address		
1643 B	RICKELL AVENUE, #3102		
	Firm/Company		
MICHA	EL I. ROSE, PA		
410114			
	Name of Person		
AICHA	EL I. ROSE, ESQ.		
lease ret	um all correspondence concerning this	matter to the following	r.
he enclo	sed Statement of Authority and fee(s)	are submitted for filing.	
ear Sir o	or Madam:		
	Name of	Limited Liability Com	pany
UBJEC	T:	<u> </u>	<u> </u>
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 liabilit authority:	
FIRST: The name of the limited liability company is:	TERNATIONAL, LLC, a Florida
limited liability company	
SECOND: The Florida Document Number of the limited liability of	ompany is:
THIRD: The street address of the limited liability company's princi 4779 COLLINS AVENUE, #803	
MIAMI BEACH, FL 33140	
The mailing address of the limited liability company's pri	incipal office is:
MIAMI BEACH, FL 33140	
FOURTH: This statement of authority grants or sets limitations of position of a person in a company, whether as a member, transferee, person on the following:  1. May execute an instrument transferring real property has a Granted to:  EDWARD EDOZIEN	manager, officer or otherwise or to a specific
b. No authority granted to:	. 2
May enter into other transactions on behalf of, or other     a. Granted to: EDWARD EDOZIEN	
b. No authority granted to:	PH 6: 13
	EDWARD EDOZIEN
Signature of authorized representative  Filing Fee: \$25.0  Certified Copy: \$30.0	