

L11000064060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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JAN 21

MARIA C. ARRIOLA VÉLEZ, P.A.

MARIA C. ARRIOLA VÉLEZ
ATTORNEY AT LAW

35 ALMERIA AVENUE
CORAL GABLES, FL 33134
TELEPHONE: (305) 461-9223
TELECOPIER: (305) 461-9498
E-MAIL: MVELEZ@VELEZLAWOFFICES.COM

January 14, 2016

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Dhaulagiri LLC
Kangche Nyunga LLC

Dear Sir/Madam:

Enclosed for filing is a Statement of Authority for each of the captioned companies. Also enclosed is my check in the amount of \$60 as filing fee and cost of certified copy of the Statements of Authority.

Please advise if you need anything further to process the enclosed.

Very truly yours,


Maria C. Arriola Vélez

/encls

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dhaulagiri 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:

Maria C. Arriola Velez

Name of Person

Maria C. Arriola Velez PA

Firm/Company

35 Almeria Ave.

Address

Coral Gables, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Maria C. Arriola Velez

Name of Person

at (305) 461-9223

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: Dhaulagiri LLC

SECOND: The Florida Document Number of the limited liability company is: L11000064060

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

c/o Maria C. Arriola Velez

35 Almeria Avenue, Coral Gables, FL 33134

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

c/o Rosa Fernandez, Vizcaino & Zomerfeld LP

999 Ponce de Leon Blvd. Suite 1045

Coral Gables, FL 33134

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

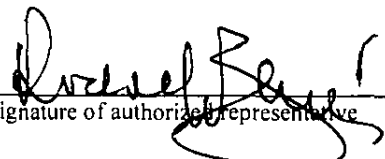
a. Granted to: Rodolfo Zoppis or Maria C. Arriola Velez

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: Rodolfo Zoppis or Maria C. Arriola Velez

b. No authority granted to: _____


Signature of authorized representative

Rodolfo Zoppis

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)