

L11000065921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

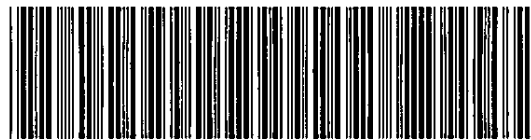
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. HARRIS



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. HB ONE LLC L11000065921
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy ☐ Certificate Of Status

New Filings	
☐	Profit
☐	Non-Profit
☐	Limited Liability
☐	Other:

Amendments	
☐	Amendments
☐	Resignation
☐	Dissolution/Withdrawal
☒	Other: Statement of Authority

Other Filings	
☐	Annual Report
☐	Fictitious Name
☐	Apostille:
☐	Other:

Examiners Initials	
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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: HB ONE LLC

SECOND: The Florida Document Number of the limited liability company is: L11000065921

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

770 CLAUGHTON ISLAND DRIVE, UNIT 1601

MIAMI, FL. 33131

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

770 CLAUGHTON ISLAND DRIVE, UNIT 1601

MIAMI, FL. 33134

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: FERNANDO DE ALMEIDA LEMOS, A/K/A

FERNANDO DE ALMEIDA LEMOS FERREIRA

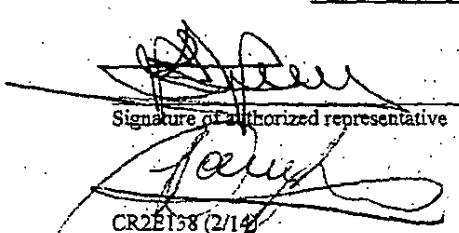
b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: FERNANDO DE ALMEIDA LEMOS, A/K/A

FERNANDO DE ALMEIDA LEMOS FERREIRA

b. No authority granted to: N/A


Signature of authorized representative

Fernando De Almeida Lemos

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2BT38 (2/14)

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TALLAHASSEE, FLORIDA

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