L11000065921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Coral Gables, FL 33134
Phone: 305-444-4994
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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	

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

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TALLAHASSEE, FLORIDA

Signature of authorized representative

Fernando De Almeida Lemos
Typed or printed name of signature

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

CR2E138 (2/14)