

L13000015877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 JUN -7 AM 9:51
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HULOCA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Barbaccia

Name of Person

Sarah Barbaccia, P.A.

Firm/Company

942 SW 93 Terrace

Address

Plantation, FL 33324

City/State and Zip Code

sbarbaccia@barbacciafaw.com

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

For further information concerning this matter, please call:

Sarah Barbaccia

Name of Person

at (954) 748-4890

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: HULOCA LLC

SECOND: The Florida Document Number of the limited liability company is: L13000015877

THIRD: The street address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

The mailing address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

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2018 JUN -7 AM 9:55
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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: Sarah Barbaccia, Esq.

b. No authority granted to: _____

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

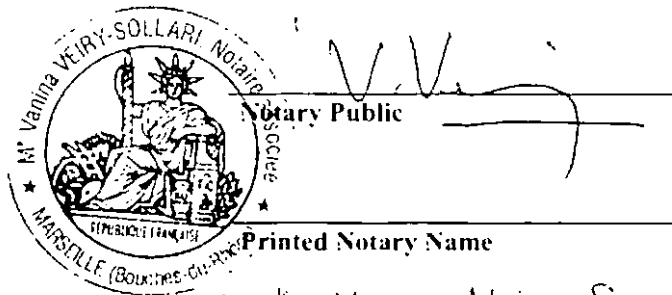
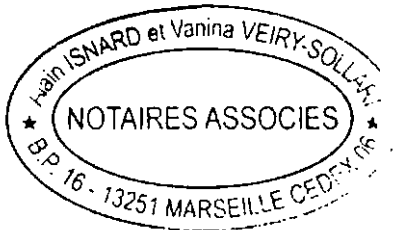
a. Granted to : Sarah Barbaccia, Esq.

b. No authority granted to: _____

Jerome Fabre 

The foregoing instrument was sworn and subscribed before me this 16 day of May, 2018, by **Jerome Fabre**, who produced PASSPORT as identification.

SEAL:



Printed Notary Name
Maître VANINA VEIRY SOLLARI

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

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