

L130000086082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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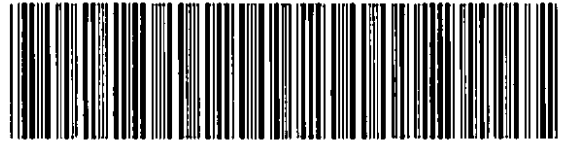
(Business Entity Name)

(Document Number)

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DATE: 4/22/2021

NAME: BLACK HILLS LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Hills, 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:

Francisco Cesar Di Giacomo

Name of Person

Firm/Company

6505 N.W 77th Place

Address

Parkland, FL 33067

City/State and Zip Code

otaviometzker@gmail.com

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

For further information concerning this matter, please call:

Carmine De Michele

954

254-3095

Name of Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BLACK HILLS, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000086082

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

3850 SW 87TH AVE

Suite 301

Miami, FL 33165

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

3850 SW 87TH AVE

Suite 301

Miami, FL 33165

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: Carmine De Michele

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: _____

b. No authority granted to: _____


Signature of authorized representative

FRANCISCO CESAR DI GIACOMO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)