

L14000012152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

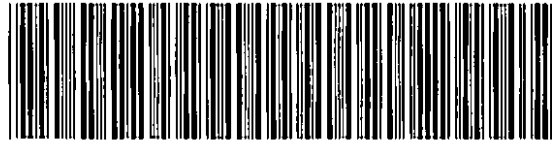
(Business Entity Name)

(Document Number)

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2018 OCT -1 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FL

ULS
10-6-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dachaone, 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:

Luis de Armas
Name of Person

Shutts + Bowen LLP
Firm/Company

200 S. Biscayne Blvd. #4100
Address

Miami, Florida 33131
City/State and Zip Code

ldearmas@shutts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Shear at (305) 379-9143
Name of Person 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: Dachaone, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000012152

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

3029 NE 188th Street, #620
Aventura, Florida 33180

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

3029 NE 188th Street, #620
Aventura, Florida 33180

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 stockholder or person on the following:

1. May execute an instrument transferring real property held in the name of the company.

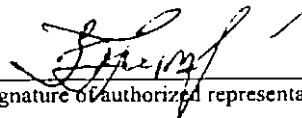
a. Granted to: Elena Britatina,
Manager

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: Elena Britatina, Manager

b. No authority granted to: _____


Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL

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