HOOOOOBUILIE

| (Re | equestor's Name) | | |
|---|----------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone i | #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Name | e) | |
| (Do | ocument Number) | | |
| Certified Copies | _ Certificates o | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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FILLD

COVER LETTER

| Black Tiger Group 2 LLC | | | |
|---|------------------|-------------|------------------|
| SUBJECT: Name of Limited Liability Co | ompany | | |
| Dear Sir or Madam: | | | |
| The enclosed Statement of Authority and fee(s) are submitted for fill | ng. | | |
| Please return all correspondence concerning this matter to the follow | ing: | | |
| Florent Attarian | | | |
| Name of Person | | | |
| Black Tiger Group 2 LLC | | | |
| Firm/Company | | | |
| 150 SE 2nd Avenue, Suite PH1 | | . 63 | |
| Address | _ | | -77 |
| Miami, FL 33131 | | ·2 | معد»: ا |
| City/State and Zip Code | _ | Ε | ~ [] |
| ATTARIAN & BLACK TIGER, O | 5 ROUP | Ť | مسدا |
| E-mail address: (to be used for future annual report notifica | tion) | ه ص | |
| For further information concerning this matter, please call: | | | |
| Jhaun Pryce | 305-912-834 | | |
| Name of Person Area Coo | de Daytime Telep | hone 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

TO:

Registration Section

STATEMENT OF AUTHORITY

| authority: | | bility company submits the following | ig statement of |
|-----------------------------------|---|--|-----------------|
| FIRST: The name of the lim | ited liability company is: Black | Tiger Group 2 LLC | ··· |
| SECOND: The Florida Docu | ment Number of the limited liabili | ty company is: L16000082124 | |
| THIRD: The street address of | of the limited liability company's penue, Suite PH1 | | |
| Miami, FL 3313 | 1 | | |
| The mailing address same as above | ss of the limited liability company's | s principal office is: | |
| FOURTH: This statement of | f authority grants or sets limitation | حت s of authority on all persons having | the status or |
| person on the following: | | ree, manager, officer or otherwise o | _ |
| a. Grante | d to: Jhaun Pryce | | |
| b. No auti | hority granted to: | | |
| 2 | other transactions on behalf of, or of to: | otherwise act for or bind, the compa | ny. |
| b. No aut | hority granted to: | | |
| | | Florent Attarian | |
| Signature of authorized repre | | Typed or printed name of 225.00 | signature |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)