

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUACHO 51, 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:

Marcella Jaramillo

Name of Person

Huacho 51, LLC

Firm/Company

1200 Tallwood Avenue, Suite 309

Address

Hollywood, FL 33021

City/State and Zip Code

manikif@hotmail.com

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

For further information concerning this matter, please call:

Myron Siegel

Name of Person

954

Area Code

703-1619

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: Huacho 51, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000227957

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

1200 Tallwood Avenue
Suite 309
Hollywood, FL 33021

The mailing address of the limited liability company's principal office is:
1200 Tallwood Avenue
Suite 309
Hollywood, FL 33021

2019 JUL 11 PM 2:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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.

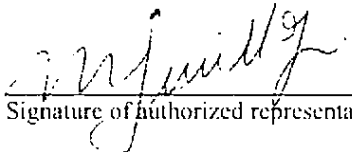
a. Granted to: Marcela Jaramillo

b. No authority granted to: Delia E. Diaz

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

a. Granted to: Marcela Jaramillo

b. No authority granted to: Delia E. Diaz


Signature of authorized representative

Marcela Jaramillo
Typed or printed name of signature

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