

U180000 64689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

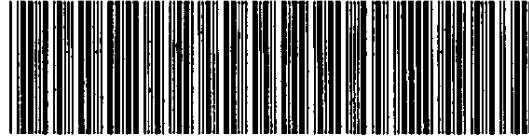
(Business Entity Name)

(Document Number)

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2018 APR -2 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 04 2018  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hydraulic Hose Solutions, 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:

James J. Flick

Name of Person

Flick Law Group, PL

Firm/Company

3700 South Conway Road, Suite 100

Address

Orlando, FL 32812

City/State and Zip Code

jim@jflicklawyer.com

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

For further information concerning this matter, please call:

James J. Flick at (407) 273-1045  
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  
OF  
HYDRAULIC HOSE SOLUTIONS, LLC**

Pursuant to the provisions of Section 605.0302 of the Florida Statutes, the undersigned, being authorized to execute and file this Statement of Authority for the above Limited Liability Company, hereby certifies the following:

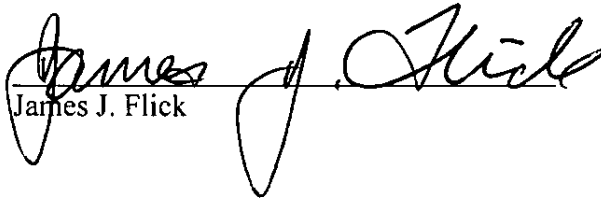
**FIRST:** The name of the Limited Liability Company is Hydraulic Hose Solutions, LLC.

**SECOND:** The Florida Document Number of the Limited Liability Company is L18000064689.

**THIRD:** The mailing address and street address of the principal office of the Limited Liability Company is: 1502 N. 34<sup>th</sup> Street, Tampa, FL 33605.

**FOURTH:** This Statement of Authority grants authority to take all actions necessary, useful, or appropriate for the ordinary management and conduct of the Company's business to Walter Alfaro.

**IN WITNESS WHEREOF,** I have signed this Statement of Authority as an authorized representative of a member and acknowledged them to be my act this 29 day of March, 2018.

  
James J. Flick

**FILED**  
2018 APR -2 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA