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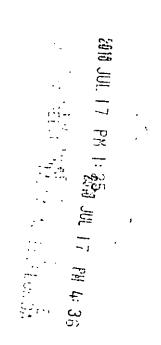
(Requestor's Name)
(Āddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mission Hills Equities	LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Алпиаl Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
_		Vehicle Search
	- 	Driving Record
Requested by: Seth	07/17/18	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In Thomasure GA 8/00	Will Pick Up	Courier

COVER LETTER

	egistration Section vision of Corporations			
SUBJECT	Mission Hills Equities LLC			
SOBJECT		Limited Liability Com	pany	
Dear Sir or	Madam:			
The enclose	ed Statement of Authority and fee(s) a	re submitted for filing.		
Please retur	m all correspondence concerning this	matter to the following	:	
Marc Bir	nbaum			
	Name of Person			
Marc Bir	nbaum, P.A.			
	Firm/Company			
1041 lve	s Dairy Road, Suite 238			
······································	Address			
Miami, F	L 33179			
···-	City/State and Zip Code			
anita@cl	hatammgmt.com			
E-	mail address: (to be used for future an	nual report notification	1)	
For further i	nformation concerning this matter, pl	ease call:		
Marc Bire	nbaum	305	914-5690 ext 1 Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone Number	
	REET/COURIER ADDRESS: gistration Section		G ADDRESS:	
Div	vision of Corporations	Registration Section Division of Corporations		
	fton Building 51 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		

CR2E138 (2/14)

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority		_	tement of
FIRST:	The name of the limited liability company is: Mission Hills Equities LLC	<u></u>	
SECONI	D: The Florida Document Number of the limited liability company is: L18000)134510	
	The street address of the limited liability company's principal office is: 2123 Williamsbridge Road		
	Bronx, NY 10461		
-	The mailing address of the limited liability company's principal office is: 2123 Williamsbridge Road		
	Bronx, NY 10461		
ocrson on	H: This statement of authority grants or sets limitations of authority on all person of a person in a company, whether as a member, transferce, manager, officer or on the following: 1. May execute an instrument transferring real property held in the name of the a. Granted to: Ram P. Gupta or Anita P. Gupta	therwise or to a	sp e cific
	b. No authority granted to:	AHAZSI TO	2818 JUL 17 1
2	2. May enter into other transactions on behalf of, or otherwise act for or bind, to a. Granted to:	the company.	PM 1: 25
	b. No authority granted to:		
A	Ram P. Gupta		
ignature (of authorized representative Typed or printed Filing Fee: \$25.00	name of signatu	ire