## L2000073437

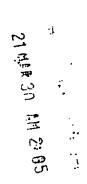
(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	<del>= #)</del>	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
:			

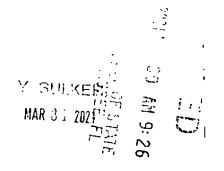
Office Use Only



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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 724-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLACKSEA, LLC					
	<del></del>				
			در	Art of Inc. File	
			l.	TD Partnership File	
			F	Poreign Corp. File	
			L	C. File	
			F	rictitious Name File	
			7	Frade/Service Mark	
			}	Merger File	
				Art, of Amend, File	
			1	RA Resignation	
			[	Dissolution / Withdrawal	
				Annual Report / Reinstatement	
			(	Cert. Copy	
			1	Photo Copy	
			(	Certificate of Good Standing	
			\ '	Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature	···			Fictitious Owner Search	
Signature				Vehicle Search	
				Driving Record	
Requested by: SETH	03/26/21			UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
MATIC	Date	THIC		UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

## COVER LETTER

O: Registration Section Division of Corporations		
BLACKSEA LLC		
	nited Liability Com	pany
Dear Sir or Madam:		
he enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	:
LOUIS A. SUPRASKI		
Name of Person	<del></del>	
LOUIS A. SUPRASKI, P.A.		
Firm/Company		
16666 N.E. 19 AVE., SUITE 113,		
Address		
NORTH MIAMI BEACH, FLORIDA 33162		
City/State and Zip Code		
SUPRASKI@SUPRASKILAW,COM		
E-mail address: (to be used for future annu-	al report notification	n)
For further information concerning this matter, pleas	se call:	
LOUIS A. SUPRASKI	305 at (	792-0060
Name of Person	Area Code	Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

FIRST:	The name of the limited liability company is: BLACKSEA LLC	
SECON	D: The Florida Document Number of the limited liability company is: L20000073437	
	The street address of the limited liability company's principal office is: 16666 N.E. 19 AVENUE, SUITE 113	
	NORTH MIAMI BEACH, FLORIDA 33162	
	The mailing address of the limited liability company's principal office is: 16666 N.E. 19 AVENUE, SUITE 113	
	NORTH MIAMI BEACH, FLORIDA 33162	
position	<ul> <li>This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferce, manager, officer or otherwise on the following:</li> <li>May execute an instrument transferring real property held in the name of the company a. Granted to:  Louis A. Supraski - who is also authorized to execute and deliver all other instruments necessary to transfer or convey the real property.</li> </ul>	or to a specific 3
	b. No authority granted to:	M 9: 26
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to:	any.
	b. No authority granted to:	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)