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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

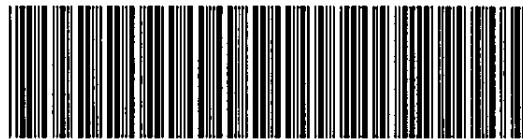
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Stivers FEB 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheikra Investments 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:

Carlos Feliciani

Name of Person

Firm/Company

19002 Park Ridge St

Address

Weston, FL, 33332

City/State and Zip Code

cafp1967@gmail.com

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

For further information concerning this matter, please call:

Carlos Feliciani

Name of Person

at **954** - **663-4128**

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

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Sheikra Investments LLC

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

19002 Park Ridge St, Weston, FL, 33332

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

19002 Park Ridge St, Weston, FL, 33332

THIRD: 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: Carlos Feliciani and Esther Ojeda individually

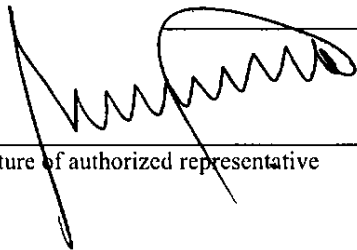
b. No authority granted to: _____

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

a. Granted to: Carlos Feliciani and Esther Ojeda individually

b. No authority granted to: _____

STATE OF FLORIDA
DEPARTMENT OF REVENUE
14 FEB 18 AM 9:48



Signature of authorized representative

CARLOS FELICIANI

Typed or printed name of signature

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