

LOB000 117 271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

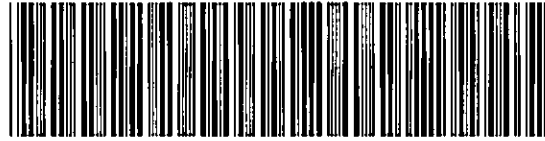
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 OCT -7 PM 2:09

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OCT 20 2019

TECHNICAL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALYKAY 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:

Jose Leonardo

Name of Person

Law Offices of Jose J. Leonardo, Esq.

Firm/Company

500 S. Dixie Highway, Suite 204

Address

Coral Gables, FL 33146

City/State and Zip Code

jose.leonardo@jleonardolaw.com

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

For further information concerning this matter, please call:

Jose Leonardo

Name of Person

305

at ()

Area Code

275-9177

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: ALYKAY INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L08000117271

THIRD: The street address of the limited liability company's principal office is:
9017 Biscayne Blvd.
Miami Shores, FL 33138

The mailing address of the limited liability company's principal office is:
9017 Biscayne Blvd.
Miami Shores, FL 33138

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:

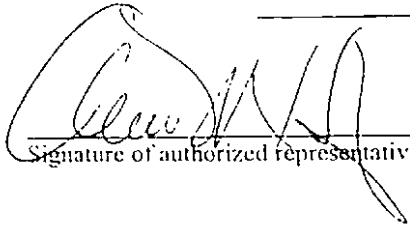
1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: Alina M. Hernandez, or Alyssa M. Hernandez, or Kayla M. Hernandez, or Reinaldo D. Hernandez

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: Alina M. Hernandez, or Alyssa M. Hernandez, or Kayla M. Hernandez, or Reinaldo D. Hernandez

b. No authority granted to: _____

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STATE OF FLORIDA
FALL COUNTY CLERK



Signature of authorized representative

Alina M. Hernandez, Manager
Typed or printed name of signature

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