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2018 MAY 14 PH 3: 55 SECRETARY OF STAIR!

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	DALAR INVESTMENT, LLC		
50.00	Name of Lin	ited Liability Comp	Dany
Dear Sir	or Madam:		
The encl	osed Statement of Authority and fee(s) are sa	abmitted for filing.	
Please re	eturn all correspondence concerning this man	ter to the following:	
Cristin	na De Oliveira, Esq.		
	Name of Person		
The L	aw Office of Cristina De Oliveira, F	P.A.	
	Firm/Company		
2332	Galiano Street, 2nd floor		
	Address		
Coral	Gables, FL 33134		
	City/State and Zip Code		
cdeoli	velra@lawcdo.com		
	E-mail address: (to be used for future annua	l report notification)
For furth	er information concerning this matter, please	e cail:	
Cristin	a De Oliveira	305	461-1660
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:		G ADDRESS:
	Registration Section Division of Corporations		on Section of Corporations
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahass	oc, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

suthority: FIRST: The name of the limited liability company is: DALAR INVESTMENT, LLC		
SECOND: The Florida Document Number of the limited liability company is: L14000043921		
THIRD: The street address of the limited liability company's principal office is: 15901 Collins Avenue		
Apt. 3301		
Sunny Isles Beach, FL 33160		
The mailing address of the limited liability company's principal office is: 15901 Collins Avenue		
Apt. 3301		
Sunny Isles Beach, FL 33160		
May execute an instrument transferring real property held in the name of the company. a. Granted to: Nicolas G D'Alessandro or, Isabel Maria De Arce	ZÜLB MAY 14 TÄLLÄHASSEL	£
D'Alessandro or Cristina De Oliveira (as to BRIC 3403 lic)	HAS	I I
b. No authority granted to:	EURLIANY DE STATE LLAHASSEE, FLORIOA	LED
May enter into other transactions on behalf of, or otherwise act for or bind, the compania. Granted to: Nicolas G D'Alessandro or, Isabel Maria De		Name of Street
Arce D'Alessandro, or Cristina De Oliveira (as to BRIC 340	3 mg	
b. No authority granted to:		
es las Palenando Nicolas G D'Alessando	ro	
Signature of authorized representative Typed or printed name of signature of authorized representative Filling Fee: \$25.00 Certified Copy: \$30.00 (optional)	gnature	

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