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(Re	equestor's Name)	-		
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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6 AUG -5 PH 12: 2 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Siem Dre 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:	
Maggie Walsh Name of Person Distinctive Title Services Firm/Company	16 SEC TALL
12012 South Share Blud #102 Address	AUG -5 RETARY
Wellington, Fl 33414 City/State and Zip Code	E, FLOR
Mwalsh @ distinctive title .com E-mail address: (10 be used for future annual report notification)	23 TE IDA
For further information concerning this matter, please call:	

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statuthority:			
FIRST: The name of the limited liability of	ompany is: Siempre I	nuestmen	its,uc
SECOND: The Florida Document Number	of the limited liability company is:	15 9000 45	 57 <i>8</i>
THIRD: The street address of the limited I			
The mailing address of the limite 854/ Butler West falm 1	d liability company's principal office is Creen wood D blach, F1 3341	» /	
FOURTH: This statement of authority gra position of a person in a company, whether person on the following:	as a member, transferee, manager, offic	cer or otherwise or to a s	
A 1	nsferring real property held in the name NES E. Leyes ENQ	to the company.	16 AUG SECRETI TALLAHI
b. No authority granted	to: N/A		ARY OF STA
	ons on behalf of, or otherwise act for or OPES E. LEYES & PENCL	r bind, the company.	2: 23 ATE ORIDA
b. No authority granted	to: N/A		
as John Conference		LORES E.R	
Signature of authorized representative	Typed of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	r printed name of signat	fec fec