

L16 000046486
H18000345032 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000345032 3))



H180003450323ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 DEC -7 AM 9:25

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AFSM INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

T. CLINE

DEC 10 2018

EXAMINER

2018 DEC -7 AM 10:58

H18000345032 3

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: AFSM INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000046486

THIRD: The street address of the limited liability company's principal office is:
848 BRICKELL AVENUE, STE 1130
MIAMI, FL 33131

The mailing address of the limited liability company's principal office is:
848 BRICKELL AVENUE, STE 1130
MIAMI, FL 33131

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or in a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

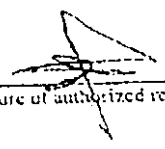
a. Granted to: ANDRE LUIZ ALCAUSA JANJACOMO

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: ANDRE LUIZ ALCAUSA JANJACOMO

b. No authority granted to: _____



Signature of authorized representative

ANDERSON FELIPE D. SILVA
Typed or printed name of signature

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

CR2E138 (2/14)

2018 DEC -7 AM 9:25
RECORD PART OF STATE
CLERK/ASSIST. FLORIDA

FILED

H18000345032 3