## L010000a0588

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SECRETARY OF STATE

J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations				
The Investment Firm, LLC SUBJECT:				
Name of Limited Liability Co	ompany			
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are submitted for filin	g.			
Please return all correspondence concerning this matter to the following	ng:			
David R. Roy				
Name of Person	<del></del>			
David R. Roy, P.A.				
Firm/Company	_			
4209 N. Federal Hwy.				
Address	_			
Pompano Beach, FL 33064				
City/State and Zip Code	_			
david@davidrroy.com				
E-mail address: (to be used for future annual report notificate	ion)			
For further information concerning this matter, please call:				
David R. Roy 954	784-2961			
Name of Person Area Code	Daytime Telephone Number			
Registration Section Registration of Corporations Division Of Corporations Division Clifton Building P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314			

· TO: '

## STATEMENT OF AUTHORITY

Pursuan authority	t to section 605.0302(1), Florida Statutes, this limited liability of: y:	company submits the following sta	atement of
FIRST:	ST: The name of the limited liability company is: The Investment Firm, LLC		
SECON	D: The Florida Document Number of the limited liability com	pany is: L01000020588	
THIRD	: The street address of the limited liability company's principa 1390 NW 16th Street	l office is:	
	Miami, FL 33125		
	The mailing address of the limited liability company's princ 1390 NW 16th Street	ipal office is:	
	Miami, FL 33125		
position	<ul> <li>Th: This statement of authority grants or sets limitations of aut of a person in a company, whether as a member, transferee, may the following:</li> <li>May execute an instrument transferring real property held a. Granted to: Russell W. Walters, Jr.</li> </ul>	in the name of the company.	specific
	b. No authority granted to:	ḿ≺ mo	7017 JUN 19 AM
	2. May enter into other transactions on behalf of, or otherwing.  a. Granted to: Russell W. Walters, Jr.		9:15
	b. No authority granted to:		
A	lund	Russell W. Walters, Jr.	
Signatur	re of authorized/representative Filing Fee: \$25.00 Certified Copy: \$30.00 (	Typed or printed name of signa optional)	ture