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COVER LETTER

TO: Registration Section Division of Corporations

K & I Investments, LLC

SUBJECT:

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:

Felipe K. Derivero, Sr.

Name of Person

Firm/Company

269 Aulin Avenue #1001

Address

Oviedo, FL 32765

City/State and Zip Code

Kelly deviver Qyahoo. com

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

For further information concerning this matter, please call:

Felipe K. Derivero, Sr.

Name of Person

at (<u>407</u>) <u>468-885</u> Area Code Daytime Telephone Number

AHASSEE, FLORE

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



CR2E138 (2/14)

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: K & I Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L02000013512

THIRD: The street address of the limited liability company's principal office is:

269 Aulin Avenue #1001

Oviedo, FL 32765

The mailing address of the limited liability company's principal office is:

269 Aulin Avenue #1001

Oviedo, FL 32765

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: Felipe K. Derivero, Sr., as Manager
b.	No authority granted to:
May ei a.	Granted to : Felipe K. Derivero, Sr., as Manager
b.	No authority granted to:

Signature of authorized representative

Felipe K. Derivero, Sr.

 Typed or printed name of signature

 Filing Fee:
 \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)