

103 CCCC 4518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

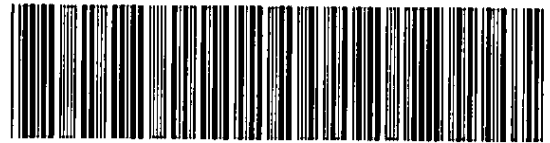
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300344933193

05/26/20--01036---022 \*\*25.00

2020 JUN 12 11:02

R. WHITE

JUN 12 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAXMI 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:

IVETTE RODRIGUEZ, ESQ

\_\_\_\_\_  
Name of Person

IVETTE RODRIGUEZ, P.A.

\_\_\_\_\_  
Firm/Company

201 ALHAMBRA CIRCLE SUITE 500

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City/State and Zip Code

ivette@ivetterodriguezlaw.com

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

For further information concerning this matter, please call:

Ivette Rodriguez, Esquire                      305                      447-1710  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### 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: LAXMI INVESTMENTS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L03000004518

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

1 SW 129 Avenue

Suite 402

Pembroke Pines, FL 33027

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

1 SW 129 Avenue

Suite 402

Pembroke Pines, FL 33027

**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.

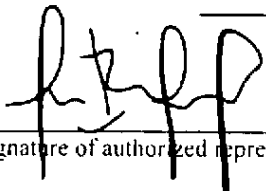
a. Granted to: \_\_\_\_\_

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: Alberto D. Fernandez

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Rafael F. Feliz German

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**