L05000007165

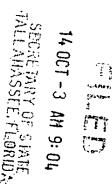
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COVER LETTER

TO:	Registration Section Division of Corporations	;		
SUBJE	Falop Investments, LLC			
SUBJE		Limited Liability Comp	pany	
Dear Si	ir or Madam:			
The end	closed Statement of Authority and fee(s) are	e submitted for filing.		
Please	return all correspondence concerning this m	natter to the following:		
Julio	Gutierrez			
	Name of Person			
Law	office of Julio Gutierrez, P. A.			
	Firm/Company			
2464	SW. 137 Avenue			
	Address			
Miam	ni, FL 33175			
	City/State and Zip Code			
jgpa(@msn.com			
	E-mail address: (to be used for future ann	nual report notification) ,	
For fur	ther information concerning this matter, ple	ease call:		
Julio	Gutierrez	305	325-8600	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division o P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following authority:	ş statement of
FIRST: The name of the limited liability company is: Falop Investments, LLC	
SECOND: The Florida Document Number of the limited liability company is: L05000007165	
THIRD: The street address of the limited liability company's principal office is: 15001 SW. 71 Street	
Miami, FL 33193	
The mailing address of the limited liability company's principal office is: 15001 SW. 71 Street	
Miami, FL 33193	
position of a person in a company, whether as a member, transferce, manager, officer or otherwise or person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Alina Fallat-Lopez	to a specific
b. No authority granted to:	14 OCT
2. May enter into other transactions on behalf of, or otherwise act for or bind, the compan a. Granted to: Alina Fallat-Lopez Output Description:	OCT -3 AM 9: OL REJARY OL SHAF AHASSEELFLORI
b. No authority granted to:	: Ot HATE ORIBA
Alina Fallat-Lopez Rignature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature

CR2E138 (2/14)