L11000070625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: 195 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:

Harold M. Garber
Name of Person

Harold M. Garber, PA
Firm/Company

2999 NE 191 St. #900
Address

Aventura, FL 33180
City/State and Zip Code

hmgarber@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold M. Garber at (305) 937-4045
Name of Person — Area Code — Daytime Telephone Number

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: 195 Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000070625

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

434 NE 210 Cir Terr #206
North Miami Beach. FL 33179

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

434 NE 210 Cir Terr #206
North Miami Beach. FL 33179

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: Luis H. Chaves
   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 : Luis H. Chaves
   b. No authority granted to: _____

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Signature of authorized representative

Luis H. Chaves. Mgr
Typed or printed name of signature

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

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