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(Address)

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J. LEGGETT
APR 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISHI 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:

IRMA GOMEZ

Name of Person

JORGE L. GURIAN, P.A.

Firm/Company

1805 PONCE DE LEON BLVD., SUITE 400

Address

CORAL GABLES, FL 33134

City/State and Zip Code

IGOMEZ@GURIANLAW.COM

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

For further information concerning this matter, please call:

IRMA GOMEZ

Name of Person

305
at (_____) _____

Area Code

931-0541

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

ISHI INVESTMENTS LLC

FIRST: The name of the limited liability company is:

SECOND: The Florida Document Number of the limited liability company is: **L-11000077337**

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

484 NW WINDFLOWER TERRACE

JENSEN BEACH, FL 34957

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

484 NW WINDFLOWER TERRACE

JENSEN BEACH, FL 34957

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: **JORGE L. GURIAN, ESQ.**

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:

b. No authority granted to:

Signature of authorized representative

ISMAEL PEREZ
Typed or printed name of signature

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