## L120000 46546

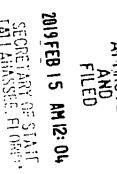
(Req	uestor's Name)	
(Addi	ress)	
	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100324489111

02/15/19--01033--004 \*\*55.00



XO. Kr

## **COVER LETTER**

TO: Registration Section Division of Corporations		
LIMA INVESTORS GROU	JP LLC	
SUBJECT: Name o	f Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
FRANCO SCHMATZ		
Name of Person		
LIMA INVESTORS GROUP LLC		
Firm/Company	_	
10348 NW 46 ST.		
Address		
DORAL FL 33178		
City/State and Zip Code		
franco402002@gmail.com		
E-mail address: (to be used for future a	annual report notification	)
For further information concerning this matter, p	please call:	
Franco Schmatz	305	316-5089
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	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

.

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability authority:	- · · ·
FIRST: The name of the limited liability company is: LIMA INVI	ESTORS GROUP LLC
SECOND: The Florida Document Number of the limited liability co	ompany is:
THIRD: The street address of the limited liability company's princi 10348 NW 46 ST.	pal office is:
DORAL FL 33178	
The mailing address of the limited liability company's prin	ncipal office is:
DORAL FL 33178	
FOURTH: This statement of authority grants or sets limitations of a position of a person in a company, whether as a member, transferee, a person on the following:  1. May execute an instrument transferring real property he a. Granted to: FRANCO SCHMATZ	manager, officer or otherwise or to a specific eld in the name of the company.
b. No authority granted to:	
May enter into other transactions on behalf of, or other     a. Granted to:  FRANCO SCHMATZ	wise act for or bind, the company.
b. No authority granted to:	
#71	ROSINDA Y ROGGERO
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00	

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability courtnority:		ng statemen	t of
IRST: The name of the limited liability company is: LIMA INVES	TORS GROUP LLC		
ECOND: The Florida Document Number of the limited liability comp	pany is:		<del></del>
HIRD: The street address of the limited liability company's principal 10348 NW 46 ST.	office is:		
DORAL FL 33178			
The mailing address of the limited liability company's princip	pal office is:		
DORAL FL 33178			
OURTH: This statement of authority grants or sets limitations of authosition of a person in a company, whether as a member, transferee, marerson on the following:  1. May execute an instrument transferring real property held in a Granted to: FRANCO SCHMATZ	nager, officer or otherwise o	or to a specif	
b. No authority granted to:		SEGNET ARY IAILLAHASSE	FILE
May enter into other transactions on behalf of, or otherwise     a. Granted to: FRANCO SCHMATZ		E. 母 ORIP. OF STATE	
b. No authority granted to:			
	ROSINDA Y ROGGE		
ignature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (o)	Typed or printed name of sptional)	signature	

CR2E138 (2/14)