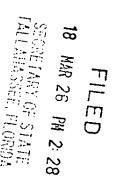
## 113000048415

| (Re                                     | equestor's Name)   |           |  |
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| (Ad                                     | ldress)            |           |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | WAIT               | MAIL      |  |
| (Bu                                     | isiness Entity Nan | ne)       |  |
| (Document Number)                       |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
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K. SALY MAR 27 2018

## **COVER LETTER**

| TO: Registration Section Division of Corporations   | ;                                    | ,  |
|---|--------------------------------------|--|
| W CAO INVESTMENTS, LLC  | C                                    | `  |
|   | mited Liability Comp                 | oany   |
| Dear Sir or Madam:  |                                      |  |
| The enclosed Statement of Authority and fee(s) are  | submitted for filing.                |  |
| Please return all correspondence concerning this ma   | atter to the following:              |  |
| BRIDGETTE ALVAREZ   |                                      |  |
| Name of Person  |                                      |  |
| MIAMI LEGAL, P.A.   |                                      |  |
| Firm/Company  |                                      |  |
| 300 SOUTH ARAGON AVENUE, SUIT   | E 310                                |  |
| Address   |                                      |  |
| CORAL GABLES, FL 33134  |                                      |  |
| City/State and Zip Code   |                                      |  |
| E-mail address: (to be used for future annu   | ual report notification              | )  |
| For further information concerning this matter, plea  | se call:                             |  |
| BRIDGETTE ALVAREZ   | 305                                  | 668-6449   |
| Name of Person  | Area Code                            | Daytime Telephone Number   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | Registráti<br>Division o<br>P.O. Box | G ADDRESS:<br>on Section<br>of Corporations<br>6327<br>ee, Florida 32314 |

CR2E138 (2/14)

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

| TIRST: The name of the limited liability company is: WCAO INVESTMENTS, LLC |   |                   |  |  |
|--|---|-------------------|--|--|
| SECOND: The FI   | orida Document Number of the limited liability company is:  | 48415             |  |  |
|  | et address of the limited liability company's principal office is:                                  |                   |  |  |
| NORTH  | I BAY VILLAGE, FL 33141   | MAR 2             |  |  |
|  | ling address of the limited liability company's principal office is:                                | MA 26 THE STATE   |  |  |
| NORTH  | i BAY VILLAGE, FL 33141   |                   |  |  |
| i. May e   | execute an instrument transferring real property held in the name of the organization.  Granted to: | _ <del></del>     |  |  |
| b  | . No authority granted to:  |                   |  |  |
| 2. May<br>a  | enter into other transactions on behalf of, or otherwise act for or bind, the Granted to:           | е сотрапу.        |  |  |
| b  | . No authority granted to:  |                   |  |  |
| ÉBL  | D Weiuna  | n Can             |  |  |
| Signature of author  | rized representative Typed or printed Filing Fee: \$25.00   | name of signature |  |  |

CR2E138 (2/14)



A LAW FIRM

March 20, 2018

Florida Dept of State Division of Corporations ATTN: Certification Section P.O. Box 6327 Tallahassee, FL 32314

RE:

W CAO Investments, LLC

Document No: L13000048415

Statement of Authority

Dear Sir/Madam:

Enclosed herewith please find an executed Statement of Authority for registration with the Division of Corporations. Also enclosed please find check numbered <u>2752</u> in the amount of Twenty-Five Dollars (\$25.00) made payable to the Florida Department of State.

Should you have any questions or require any additional information, please do not hesitate to contact the office of the undersigned.

Bridgette Alvarez, Esq.

Encls.