1300051062	
(Requestor's Name) (Address) (Address)	400293026564
(City/State/Zip/Phone #)	01/17/1701013026 **25.00
Certified Copies Certificates of Status	JAN 1 8 2017 S. YOUNG
Office Use Only	

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: <u>GRUPU DIZ INVESTMENTS</u> , IC 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:	
DANiel Budois	
GRUPO DR INVESTIGENTS, IC	
9710 Stipling PD +105 Address	
Coopen City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	



E-man address: (to be used for future annual report notifica

For further information concerning this matter, please call:

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Name of Person

 $\frac{1}{24} - \frac{1}{74} - \frac{1}{7}$ 

Daytime Telephone Number Area Code

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**

•Purstant 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: <u>GRUPO DR INVESTMENTS</u> IC
SECOND: The Florida Document Number of the limited liability company is: <u>2130000 51062</u>
THIRD: The street address of the limited liability company's principal office is: 9710 Stilling RD +105
Cooper City - F(- 33024
The mailing address of the limited liability company's principal office is: Some AS Abore.
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: DANIEL RUDOL T
b. No authority granted to:
2. May enter into other transactions on behalf of, o <del>cother</del> wise actifor or bind, the company. a. Granted to:
b. No authority granted to:
David Rutois
Signature of authorized representative Typed or printed name of signature   Filing Fee: \$25.00   Certified Copy: \$30.00 (optional)

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