# LI4COOKA97

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DIVISION OF CORPORATIONS

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# **COVER LETTER**

Registration Section Division of Corporations TO:

SUBJECT:	LO NUESTRO	INVESTME	NTS I	LLC	
SOBJECT: _	Name of Lin	nited Liability (	Compar	ny	
Dear Sir or Ma	adam:				
The enclosed	Statement of Authority and fee(s) are s	submitted for fil	ling.		
Please return a	all correspondence concerning this mat	ter to the follow	wing:		
	PEDRO P. SAEZ				
	Name of Person				
	SAEZ & ASSOCIATES				
· · · · ·	Firm/Company				
7	777 BRICKELL AVENUE, SU	ITE 1110			
	Address	•			
	MIAMI, FL 33131				
	City/State and Zip Code				
	PSAEZ@SAEZLAW.COM				
E-ma	ail address: (to be used for future annu-	al report notific	ation)		
For further inf	ormation concerning this matter, pleas	se call:			
	MARIELA VECCHIO	at (	5 )_	3580028	
	Name of Person	Area Co	ode	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

	<del></del>
SECOND: The Florida Document Number of the limited liability company is: L14000016697	
THIRD: The street address of the limited liability company's principal office is: 777 BRICKELL AVENUE, SUITE 1110	
MIAMI, FL 33131	
The mailing address of the limited liability company's principal office is: 777 BRICKELL AVENUE, SUITE 1110	
MIAMI, FL 33131	古巴丁
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: WILLIAM ZALAQUETT	TAME 31 PH 1: 25
b. No authority granted to: N/A	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: WILLIAM ZALAQUETT	
b. No authority granted to:  N/A  JOSE   U i S   Avoid L    Signature of authorized representative Typed or printed name of signature	
Filing Fee: \$25.00	