14000/4489/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT:	8100 Inve	estments, LLC			
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Statement of A	uthority and fee(s) are st	ibmitted for filing.			
Please return all corresponde	nce concerning this matt	er to the following:			
Deborah R. Mayo, Es	q.				
Nar	ne of Person				
South Florida Corpora	ate Counsel				
Fin	n/Company				
8200 NW 41st Street,	Suite 200				
Α	ddress				
Doral, FL 33166					
City/State	and Zip Code				
dmayo@deborahmay	olaw.com				
E-mail address: (to	be used for future annua	l report notification)			
For further information conc	erning this matter, please	e call:			
Deborah R. Mayo		305	343-0597		
Name of P	erson	Area Code	Daytime Telephone Number		
STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	1 itions	Registration of P.O. Box 6	`Corporations		

Enclosed is a check in the amount of \$55 representing the necessary filing fee (\$25) plus fees for a certified copy of the filed Statement of Authority (\$30).

CR2E138 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations

STATEMENT OF AUTHORITY

authority:		
FIRST:	The name of the limited liability company is: 8100 Investments, LLC	
SECOND	D: The Florida Document Number of the limited liability company is: L1400014489	1
	The street address of the limited liability company's principal office is: 8100 N.W. 68 STREET	s 18
- 1 -	MIAMI, FL 33166	SECRET
-	The mailing address of the limited liability company's principal office is: 8100 N.W. 68 STREET	23 M 8
1	MIAMI, FL 33166	RIOA 18
	a. Granted to: Mario Florez, Manager	
	b. No authority granted to:	
2	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Mario Florez, Manager	ny.
	b. No authority granted to:	
_/	Mario Florez, Manage	
Signature	e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature

CR2E138 (2/14)