L14000157006

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COVER LETTER

TO;	Registration Section Division of Corporations	,	
	ecre. WIL Investments LLC		
SUBJ	EX. 1 :	of Limited Liability Cor	mpany
Dear S	iir or Madam:		
		at any or hardened for filling	
r ne en	iclosed Statement of Authority and fee(s	s) are submitted for timig	! .
Please	return all correspondence concerning th	nis matter to the followin	ā;
Alfrec	t Lajo		
	Name of Person	,	-
	Firm/Company		-
901 N	Reus St.		_
	Address		
Pensa	cola, FL 32501		
	City/State and Zip Code		_
alfred	(grent850.com		
	E-mail address: (to be used for future	annual report notification	on)
For fur	ther information concerning this matter	, please call:	
Alfred	LLojo	850 at (341-5031
	Name of Person	at (at Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority		05.0502(1), FIORIDA	Statutes, this fimited	lability company submits the follo	owing statement of
FIRST:	The name of	of the limited liability	y company is:WJI	. Investments LLC	
SECON	D: The Flor	rida Document Numl	ber of the limited liah	ility company is: 1.14000157006	
			d liability company's		
		OUTH 61ST AVE		F	=
	PENSA	COLA, FL 32506			
	The maili	ng address of the lim	ited liability company	's principal office is:	_
PO BOX 36331 PENSACOLA, FL 32516					_
					_
					_
	1. May ex a.	ecute an instrument Granted to: Alfred	_ , ,	erty held in the name of the compa	ny.
	b.	No authority grante	ed to: Wilfredo Lojo		_
	2. May er a.	nter into other transactions of the Granted To :		otherwise act for or bind, the com	— ppany. —
	b.	No authority grante	ed to: Wilfredo Lojo	- w	_
M	1 <i>0</i>			Alfred Lojo	
Signature	of authoriz	ed representative	1.*	Typed or printed name \$25.00 \$30.00 (optional)	of signature