

8/17/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BALDY MARTINEZ P.A.
Account Number : I20110000042
Phone : (305)454-5804
Fax Number : (305)454-5808

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIMA INVESTMENT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIMA INVESTMENT GROUP, LLC.

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:

BALDY MARTINEZ, ESQ.

Name of Person

BALDY MARTINEZ, P.A.

Firm/Company

1999 S.W. 27th Avenue, 2nd Floor

Address

Miami, Florida 33145

City/State and Zip Code

bm@baldylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Baldy Martinez

305

454-5804

at ()

Name of Person

Area Code

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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company represents the following information as true and correct:

FIRST: The name of the limited liability company is: LIMA INVESTMENT GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000160129

THIRD: The street address of the limited liability company's principal office is:

1062 N.W. 12 Street

Homestead, Florida 33033

The mailing address of the limited liability company's principal office is:

1062 N.W. 12 Street

Homestead, Florida 33033

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: Yelipza Lozano

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Yelipza Lozano

b. No authority granted to: _____

Signature of authorized representative

JORGE SILVA MARTINEZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2H138 (2/14)

Flordia C. Silva

Olego Silva

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