

L14000180129

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000126012 3)))



H210001260123ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

MAR 31 2021

M. SOLOMON

RECEIVED

2021 MAR 30 AM 10:21

RECEIVED
DIVISION OF CORPORATIONS
MAR 30 2021

2021 MAR 30 PM 12:04

RECEIVED

STATEMENT OF AUTHORITY

Pursuant 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: LIMA Investment Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L 14 000180129

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

10820 SW 136 COURT

MIAMI FL 33186

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

10820 SW 136 COURT

MIAMI FL 33186

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 M. JOZANO

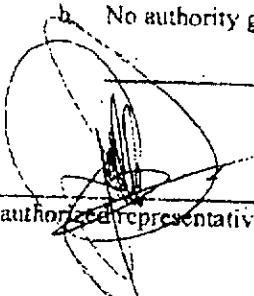
b. No authority granted to: _____

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

a. Granted to: YELIPZA M. JOZANO

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)

2021 MAR 30 PM 12:04

FILED