

215 0000 316 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

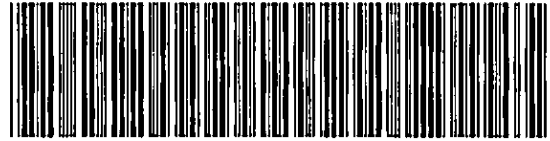
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRP Investments 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:

Lilly Perez-Ruiz

Name of Person

Perlman, Bajandas, Yevoli, and Albright P.L.

Firm/Company

283 Catalonia Ave, Suite 200

Address

Coral Gables, FL 33134

City/State and Zip Code

Corporate@pbylaw.com

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

For further information concerning this matter, please call:

Lilly Perez-Ruiz 305 377-0086
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SRP Investments Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000031699

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

864 NE 84TH ST

Miami, FL 33138

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

864 NE 84TH ST

Miami, FL 33138

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.

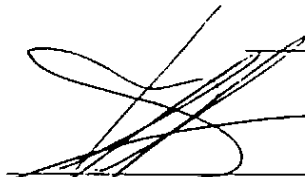
a. Granted to: Sebastian Olarte

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: Sebastian Olarte

b. No authority granted to: _____



Signature of authorized representative

Sebastian Olarte, sole manager

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**