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## **COVER LETTER**

TO: Registration Section Division of Corporations		
CK Investment, LLC		
	ited Liability Com	pany
Dear Sir or Madam:	,	
The enclosed Statement of Authority and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following	:
Dane T Stanish		
Name of Person		
Law Offices of Dane Stanish, P.A.		
Firm/Company		
2200 Hollywood Blvd.		
Address		
Hollywood, FL 33020		
City/State and Zip Code		
stanishd@gmail.com		
E-mail address: (to be used for future annual	report notification	1)
For further information concerning this matter, please	call:	
Dane Stanish	954	923-0524
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	Registrati Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits authority:	the following stateme	ent of
FIRST: The name of the limited liability company is: CK 8 Investment, LLC		
SECOND: The Florida Document Number of the limited liability company is: L1500	00064362	•
THIRD: The street address of the limited liability company's principal office is: 11764 W Sample Road, Ste 101		
Coral Springs, FL 33065		
The mailing address of the limited liability company's principal office is: 11764 W. Sample Road, Ste. 101	<del></del>	
Coral Springs, FL 33065		
FOURTH: This statement of authority grants or sets limitations of authority on all persposition of a person in a company, whether as a member, transferee, manager, officer or person on the following:  1. May execute an instrument transferring real property held in the name of the a. Granted to:  Chuen Kei Cheng	otherwise or to a spec	or zific
b. No authority granted to:	2015 SEP 23 ECRETARY	
May enter into other transactions on behalf of, or otherwise act for or bind     a. Granted to:  Chuen Kei Cheng	OF IZ: 28	J
b. No authority granted to:		
May Chuen Kei C		
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	ed name of signature	