

L15 000 167592

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 13 2016
J SHIVERS



10625 N. Military Trail, Suite 204
Palm Beach Gardens, FL 33410
(561)721-9686, Fax: (561)721-2980
www.sagecompanies.net

April 8, 2016

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

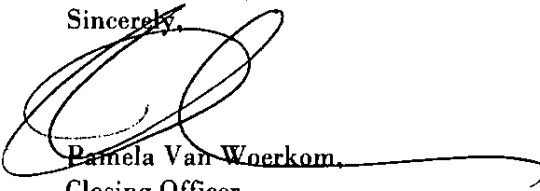
Re: Pire Equity, LLC

To whom it may concern:

Enclosed please find our check in the amount of \$30.00, which represents the filing fee together with the amount necessary to forward to our office a certified copy of the Statement of Authority. I have enclosed a pre-paid self address envelope to return the document to our office.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Pamela Van Woerkom
Closing Officer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assisted Investments, 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:

Wilmer Flores

Name of Person

Pire Equity, LLC

Firm/Company

1168 SW Mirror Lake Cove

Address

Port Saint Lucie, FL 34986

City/State and Zip Code

wilmer213@gmail.com

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

For further information concerning this matter, please call:

Wilmer Flores at 772 812-0832
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

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: PIRE EQUITY, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000167592

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

1168 SW Mirror Lake Cove

Port Saint Lucie, FL 34986

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

1168 SW Mirror Lake Cove

Port Saint Lucie, FL 34986

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: Javier Inclan and Wilmer Flores

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: Javier Inclan and Wilmer Flores

b. No authority granted to: _____

Wilmer Flores

Signature of authorized representative

Javier Inclan

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
16 APR 12 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA