

L15000171308

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MELARA INVESTMENT GROUP LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEIARA 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:

Xiomara Polanco

Name of Person

Sanchez Vadillo LLP

Firm/Company

11402 NW 41 Street, Suite 202

Address

Doral, Florida 33178

City/State and Zip Code

xpolanco@svlawus.com

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

For further information concerning this matter, please call:

Xiomara Polanco

Name of Person

305

Area Code

485-9700

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 submits the following statement of authority:

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

SECOND: The Florida Document Number of the limited liability company is: L15000171308

THIRD: The street address of the limited liability company's principal office is:
1390 BRICKELL AVE

STE 104

MIAMI, FL 33131

The mailing address of the limited liability company's principal office is:
1390 BRICKELL AVE

STE 104

MIAMI, FL 33131

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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.

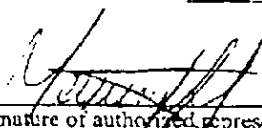
a. Granted to: Maeisun Arawi, as Sole Member

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: Maeisun Arawi, as Sole Member

b. No authority granted to: _____


Signature of authorized representative

Maeisun Arawi

Typed or printed name of signature

Filing Fee: **\$25.00**

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

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