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COVER LETTER

Division of Corporations		
MERLO INVESTMENTS LLC SUBJECT:		
Name of Limite	ed Liability Cor	npany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are sub	mitted for filing	ļ.
Please return all correspondence concerning this matter	to the followin	g:
Richard P. Breger, Esq.		
Name of Person		_
Breger De Biase		
Firm/Company		_
20801 Biscayne Boulevard, Suite 300		
Address		_
Aventura, FL 33180		
City/State and Zip Code		_
keren0202@hotmail.com		
E-mail address: (to be used for future annual r	eport notification	on)
For further information concerning this matter, please c	all:	
KEREN EDELSBURG	954 at (940-0866
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

CR2E138 (2/14)

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited lauthority:	liability company submits the following statement of
FIRST: The name of the limited liability company is: MERL	O INVESTMENTS LLC
SECOND: The Florida Document Number of the limited liab	ility company is:
THIRD: The street address of the limited liability company's 20535 NE 22ND COURT	principal office is:
MIAMI, FL 33180	
The mailing address of the limited liability company 20535 NE 22ND COURT	
MIAMI, FL 33180	
FOURTH: This statement of authority grants or sets limitatio position of a person in a company, whether as a member, trans person on the following: 1. May execute an instrument transferring real prop	ons of authority on all persons having the status or ferce, manager, officer or otherwise or to a specific erty held in the name of the company.
a. Granted to: KEREN EDELSBURG	2019 E.33 2
b. No authority granted to:	3
2. May enter into other transactions on behalf of, or a. Granted to: KEREN EDELSBURG	• •
b. No authority granted to:	
	KEREN EDELSBURG
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 \$30.00 (optional)

CR2E138 (2/14)