

L17000011009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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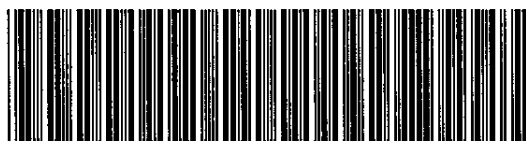
(Business Entity Name)

(Document Number)

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2017 JAN 27 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrea 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:

Patricia Vela
Name of Person

Andrea Investments Group LLC
Firm/Company

9710 Stirling Rd #105
Address

Cooper City FL 33024
City/State and Zip Code

info@rutois.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Vela at (954) 447-4445
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: Andrea Investments
Group LLC

SECOND: The Florida Document Number of the limited liability company is: L17000011009

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

9710 Stirling Rd 105
Cooper City FL 33024

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

Same as above

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TALLAHASSEE, FLORIDA

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: Patricia Vela

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: Patricia Vela

b. No authority granted to: _____

[Signature]
Signature of authorized representative

Patricia Vela
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)