## 117000058182

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
CIIDII	Florida Invest	t LLC	
SUBJE		Liability Company	
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are submi	itted for filing.	
Please	return all correspondence concerning this matter to	the following:	
	Eric Amsallem	·	
	Name of Person		
	Florida Invest LLC		
	Firm/Company		
	517 W 41st Street, #500		
	Address		
	Miami Beach, FL 33140		
	City/State and Zip Code	دالمهمين بزرانس	
	management@florida-invest.com		
	E-mail address: (to be used for future annual rep	oort notification)  1:  786 985-1374	F
For fur	ther information concerning this matter, please call	E	m
	Eric Amsallem	786 985-1374	<u> </u>
	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

TIRST: The r	name of the limited liability company is:Florida	Invest LLC
ECOND: T	ne Florida Document Number of the limited liability compan	y is:L17000058182
	street address of the limited liability company's principal of 517 W 41st Street, #500	
	Miami Beach, FL 33140	
The	mailing address of the limited liability company's principal 517 W 41st Street, #500	office is:
	Miami Beach, FL 33140	
osition of a p	his statement of authority grants or sets limitations of author erson in a company, whether as a member, transferce, manag	ity on all persons having the status or ger, officer or otherwise or to a specific
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Certified Copy: \$30.00 (optional)

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