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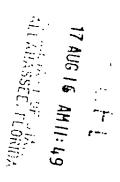
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COVER LETTER

TO:	Registration Section Division of Corporations		
eun u	MLG&DDG INVESTMENT, LL	С	
SUBJE	Name of Limi	ted Liability Compan	<u>, </u>
Dear Si	ir or Madam:		
The en	closed Statement of Authority and fee(s) are su	binitted for filing.	
Please	return all correspondence concerning this matter	er to the following:	
DIEG	GO P DI GENOVA		
	Name of Person		
	Firm/Company		
3505	SOUTH OCEAN DR. # 703		
	Address		
HOLI	LYWOOD, FL 33019		
	City/State and Zip Code		
dpdg	1975@hotmail.com		
	E-mail address: (to be used for future annual	report notification)	
For fur	ther information concerning this matter, please	call:	
DIEG	GO P DI GENOVA	at (<u>954</u>)_	458 - 9232 (EXT Z) Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section	MAILING Registration	ADDRESS: Section

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

authorify		ng state	ment of	
FIRST:	The name of the limited liability company is: MLG&DDG INVESTMENT, LLC			_
SECON	D: The Florida Document Number of the limited liability company is:	;		-
THIRD	: The street address of the limited liability company's principal office is: 3505 SOUTH OCEAN DR., # 703			
	HOLLYWOOD, FL 33019			
	The mailing address of the limited liability company's principal office is: 3505 SOUTH OCEAN DR., # 703			
	HOLLYWOOD, FL 33019			
position	TH: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: DIEGO P. DI GENOVA	or to a s		i
	b. No authority granted to:			
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: b. No authority granted to:	any.		
	DIEGO P. DI GENO			
Signatur	re of sutherized representative. Typed or printed name of	Leignoti	ire	

Filing Fee:

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

CR2E138 (2/14)