

L17 000146 928

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ragon Investments, 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:

Saul Rabinovich

Name of Person

Ragon Investments, LLC

Firm/Company

560 NE 103 ST

Address

Miami, FL 33138

City/State and Zip Code

saulr54@gmail.com

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

For further information concerning this matter, please call:

Saul Rabinovich

Name of Person

at (786)

Area Code

286 - 8181

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

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: Ragon Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000146928

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

560 NE 103 ST, Miami Shores, FL, 33138

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

560 NE 103 ST, Miami Shores, FL, 33138

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: Ivan Rabinovich

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: Ivan Rabinovich

b. No authority granted to: _____


Signature of authorized representative

Typed or printed name of signature

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