## L18000067443

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	F	•	·
SUBJ	AKDK Investments LL	_C	·	
		ame of Lim	ited Liability Co	mpany:
Dear S	Sir or Madam:			
The er	nclosed Statement of Authority and t	ee(s) are su	bmitted for filing	g.
Please	return all correspondence concernir	ig this matt	er to the followir	ig:
Dan	iel Ribeiro Kaltenbach			
	Name of Person			_
AKD	K Investments LLC			
	Firm/Company			_
8153	3 Serenity Spring Dr			
	Address			_
Wind	dermere, FL 34786			
	City/State and Zip Code		<del>-</del>	_
dani	el@danielkaltenbach.com			
	E-mail address: (to be used for fe	iture annual	report notificati	on)
For fu	rther information concerning this ma	tter, please	call:	
Dan	iel Kaltenbach		754	248-9671
	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	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

## STATEMENT OF AUTHORITY

authority: FIRST: The name of the limited liability company is:	nited liability company submits the following statement of AKDK Investments LLC
FIRST. The hame of the infined hability company is.	
SECOND: The Florida Document Number of the limite	d liability company is: L18000067433
THIRD: The street address of the limited liability comp 8153 Serenity Spring Dr	
Windermere, FL 34786	2010 H
The mailing address of the limited liability co	mpany's principal office is:
Windormoro El 34796	5; 01
person on the following:  1. May execute an instrument transferring real a. Granted to: Daniel Ribeiro Ka	
b. No authority granted to:	
2. May enter into other transactions on behalf a. Granted to:	f of, or otherwise act for or bind, the company.  Kaltenbach
b. No authority granted to:	
Dung QQ )	Daniel Ribeiro Kaltenbach
Signature of puthorized representative Filing Fee: Certified C	Typed or printed name of signature \$25,00 opy: \$30,00 (optional)

CR2E138 (2/14)