L18000110411

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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JAN 23 2021

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Driac Investments LCC 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:		
John Lytte Name of Person		
Firm/Company		
1330 SE 7 Nehure Address	20 05	***
Pompano Beach to 33060 City/State and Zip Code	()	
	<u> </u>	3.95
John @ ZCORPFZ-Com		یں :- حصر
E-mail address: (to be used for future annual report notification)	9: 28	듬
For further information concerning this matter, please call:		Ę
John Lytte 1,709-1898	_	
Name of Person Area Code 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: Driac Investment	5, LL
SECOND: The Florida Document Number of the limited liability company is:	10411
THIRD: The street address of the limited liability company's principal office is:	
60 Conpass Lane Fort lunderthe, FZ 3330f	•
Fort lundersche, FZ 33308	20 050
The mailing address of the limited liability company's principal office is:	150 - 7 F
Fort Landendele, FZ 33308	H 9: 28
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the compan a. Granted to: John Lytte.	or to a specific
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp	рапу.
a. Granted to: John Lytte	
b. No authority granted to:	-
Cynthia Carled Cindu Cu	HIRTO(CC)
Signature of authorized representative Typed or printed name o Filling Fee: \$25.00	f signature
Certified Copy: \$30.00 (optional)	