L18000136058

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EXAMINER

COVER LETTER

	egistration Section ivision of Corporations			
eup ir ca	ORION BELT & ALE INVES	STMENTS LLC		
SUBJECT		imited Liability Com	pany	-
Dear Sir or	Madam:			
The enclos	ed Statement of Authority and fee(s) ar	e submitted for filing.		
Please retu	rn all correspondence concerning this n	natter to the following	<u>.</u>	
Elena D	iaz			
	Name of Person	•	•	
Glades	Corporate Services LLC			
	Firm/Company		-	
1940 Wi	Ison Street			192
	Address		-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Hollywo	od, FL 33020			## SEI 12
	City/State and Zip Code			AH.
ediaz@g	gladescs.com			H 3: 43
Е	-mail address: (to be used for future and	ual report notificatio	n) ;	4-
For further	information concerning this matter, ple	ase call:		
Elena D	iaz	754	423-0558	
	Name of Person	at (Area Code	Daytime Telephone Number	-
Re	TREET/COURIER ADDRESS: egistration Section ivision of Corporations	Registrat	NG ADDRESS: tion Section of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

ECOND: The Flor	ida Document Number of the limited liability company is: L180001	36058
	address of the limited liability company's principal office is:	
	/ 153rd Street, Suite # 224,	
Miami La	skes, FL 33014	
		
	ng address of the limited liability company's principal office is: Ison Street	
Hollywoo	od, FL 33020	
		- Y
osition of a person i erson on the follow	tement of authority grants or sets limitations of authority on all persons in a company, whether as a member, transferee, manager, officer or othering: ecute an instrument transferring real property held in the name of the co	erwise or to a spo ompany.
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