

L19 000 195269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

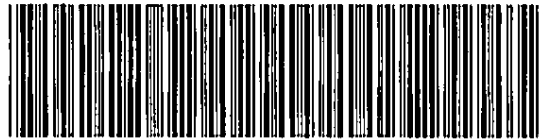
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLINVEST LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE G. COHEN

Name of Person

STROCK & COHEN, ZIPPER LAW GROUP P.A.

Firm/Company

2900 Glades Cir., Ste 750

Address

Weston, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G. COHEN

954

659-2220

at (_____) _____

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: DOLINVEST LLC

SECOND: The Florida Document Number of the limited liability company is: L19000195269

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

19999 E COUNTRY CLUB DR., UNIT 1-202

AVENTURA, FL 33180

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

P.O.BOX 450474

SUNRISE, FL 33180

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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.

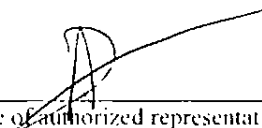
a. Granted to: ARNAUD DOLIGNON or PATRICIA VALENTINA BADIN
or JULIE G. COHEN

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: ARNAUD DOLIGNON or PATRICIA VALENTINA BADIN
or JULIE G. COHEN

b. No authority granted to: _____



Signature of authorized representative

ARNAUD DOLIGNON

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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