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| (Requestor's Name) | | | | | | |
|---|--------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | MAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section | | • | A | |
|---------------|-------------------------------|---------------------|---------------------|-------------------|--------|
| • | Division of Corporations | | • | | |
| SUBJ | DOCG Investments | H, LLC | | | |
| | | Name of Lim | ited Liability Co | трапу | · |
| Dear S | ir or Madam: | | | | |
| The en | closed Statement of Authority | y and fec(s) are su | bmitted for filin | g. | |
| Please | return all correspondence con | cerning this matte | er to the following | ng: | |
| Steph | aníe Gibson | | | | |
| | Name of Pe | тѕол | | | |
| Martin | ez Law, P.A. | | | | |
| | Firm/Comp | any | | _ | |
| 2818 C | ypress Ridge Blvd., Suite | 230 | | | |
| | Address | | | _ | |
| Wesley | Chapel, Ft 33544 | | | | |
| | City/State and Zip (| Code | | - | |
| sgibson | @martinezlawfla.com | | | | |
| | E-mail address: (to be used f | or future annual r | eport notification | n) | |
| For furth | er information concerning thi | s matter, please c | all: | | |
| Cristen V | Veiner | | 813 | 803-4887 | |
| | Name of Person | | Area Code | Daytime Telephone | Number |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

20 123.27 24.2.21

STATEMENT OF AUTHORITY

| FIRST: T | he name of the limited liabi | lity company is: | G Investments II, LLC |
|------------|--|--------------------------------------|---|
| SECOND: | The Florida Document Nu | mber of the limited liab | bility company is: |
| | The street address of the lim 731 Thornwood Dr. | ited liability company's | s principal office is: |
| TE | ampa, FL 33618 | | 20 7 |
| | The mailing address of the light of the ligh | imited liability compan | |
| Ta | mpa, FL 33618 | | |
| | e following: May execute an instrumen | transferring real proper | ents of authority on all persons having the status or feree, manager, officer or otherwise or to a specific erty held in the name of the company. |
| | b. No authority gran | | |
| 2. | May enter into other transc | actions on behalf of, or an Kesse | otherwise act for or bind, the company. |
| | b. No authority grant | ed to: | |
| ujlu | Melier | | Cristen Martinez Weiner |
| - Contract | uthorized representative | Filing Fee: \$ Certified Copy: \$ | Typed or printed name of signature 25.00 |

CR2E138 (2/14)