

L20000323737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

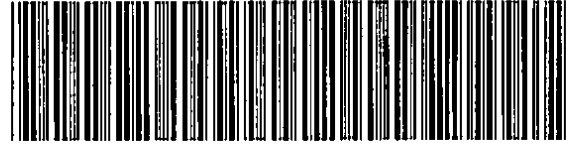
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRDEVELOPMENT INVESTMENTS LLC

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:

ALTAMNIRANDO PORTUGAL

Name of Person

DRDEVELOPMENT INVESTMENTS LLC

Firm/Company

11513 LAKE UNDERHILL RD

Address

ORLANDO, FL 32825

City/State and Zip Code

aportugal@drdevelopment.us

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

For further information concerning this matter, please call:

ALTAMIRANDO PORTUGAL

407

7097366

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: DRDEVELOPMENT INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L20000323737

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

11513 LAKE UNDERHILL RD

ORLANDO, FL 32825

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

11513 LAKE UNDERHILL RD

ORLANDO, FL 32825

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

CASSIA PORTUGAL

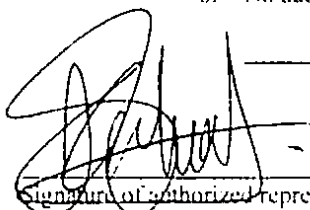
b. No authority granted to: DOWER WILLIAM DRUMMOND

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: ALTAMIRANDO PORTUGAL and

CASSIA PORTUGAL

b. No authority granted to: DOWER WILLIAM DRUMMOND


Signature of authorized representative

ALTAMIRANDO PORTUGAL

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL