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TO: Registration Section Division of Corporations

REALHO INVESTMENT LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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

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Please return all correspondence concerning this matter to the following:

JENNIFER SILY HESLIN

Name of Person

SILY HESLIN LAW PA

Firm/Company

8726 NW 26 STREE, SUITE 26

Address

DORAL, FL 33172

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

JENNIFER SILY HESLIN

910-1904

305

at (

\_\_\_\_\_

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

IRST: The name of the limited liabili	REALHO INVESTMENT LLC	- - 
ECOND: The Florida Document Nun	L20000390564	
2797 NW 105 AVE DORAL,		
The mailing address of the lir 2797 NW 105 AVE DORAL,	imited liability company's principal office is: , FL 33172	
DURTH: This statement of authority sition of a person in a company, wheth rson on the following: 1. May execute an instrument		î M
	8: 47 FLE 47	
	<u>م</u> کرتے <u></u>	
b. No authority grant Members holding me	Manager without written consent of those nere than 50% of Percentage Interests in the Company sactions on behalf of, or otherwise act for or bind, the company.	
<ul> <li>b. No authority grant Members holding me 2. May enter into other transa a. Granted to :</li></ul>	Manager without written consent of those nore than 50% of Percentage Interests in the Company sactions on behalf of, or otherwise act for or bind, the company.	

STATEMENT OF AUTHORITY

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