

L22000345852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

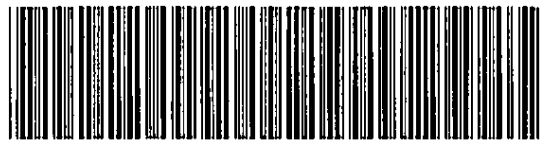
(Business Entity Name)

(Document Number)

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FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Associates 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:

Michael Merino

Name of Person

Michael Merino P.A.

Firm/Company

6741 Orange Dr

Address

Davie, FL 33314

City/State and Zip Code

mmerino@merinolegal.com

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

For further information concerning this matter, please call:

Michael Merino

at (

954

321-7701

)
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: Associates Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000345852

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

13791 NW 19th Ct Pembroke Pines, FL 33028

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

13791 NW 19th Ct Pembroke Pines, FL 33028

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STATE OF FLORIDA
TALLAHASSEE, FL

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: Ricardo Londono

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: Ricardo Londono

b. No authority granted to:

Ricardo S
Signature of authorized representative

Ricardo Londono
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)