# L22000348615

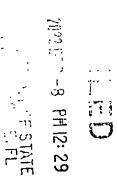
(Reque	estor's Name	)
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PICK-UP	MAIT	MAIL
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#### **COVER LETTER**

	distration Section	`	
DIV	rision of Corporations		
SURIFCT:	Proto Investment, LLC		
30031.01.		of Limited Liability (	Company
Dear Sir or I	Madam:		
The enclosed	d Statement of Authority and fee(s	s) are submitted for fil	ling.
Please return	all correspondence concerning th	nis matter to the follow	wing:
Michael Me	rino		
-	Name of Person		<del></del>
Michael Me	rino P.A.		
	Firm/Company		
6741 Orang	e Dr		
	Address		
Davie, FL 3	3314		
	City/State and Zip Code		
mmerino@i	merinolegal.com		
E-1	nail address: (to be used for future	e annual report notific	ation)
For further i	nformation concerning this matter	, please call:	
Michael Me	rina	954	321-7701

### **Mailing Address:**

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

Name of Person

## **Street Address:**

Area Code

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

Daytime Telephone Number

#### STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of ::
FIRST:	The name of the limited liability company is: Proto Investment, LLC
SECON	D: The Florida Document Number of the limited liability company is:
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  THE TO STATE TO ST
position	H: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific in 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:
<u>New</u> Signature	Pof authorized representative  Filing Fee: \$25.00  Ricardo Londono Typed or printed name of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)