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COVER LETTER

TO: Registration Section Division of Corporations		
320 SW 19TH RD, LLC SUBJECT:		
	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 t	his matter to the following:	
Vanessa Le		
Name of Person		
Castor Investments, LLC		
Firm/Company		2024 2014
1355 NW 7th St, #1011		2004 OCT -2 SECRETAL
Address		異る。
Miami, FL 33125		PH 4: 35
City/State and Zip Code		My 5.
vle@castorinvestments.com		المنظمة
E-mail address: (to be used for future	re annual report notification)	
For further information concerning this matter	er, please call:	
Vanessa Le	626 434-6176	
Name of Person	Area Code Daytime Teleph	one 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 authority:	605.0302(1), Florida Statutes, this limited liability company submits the follow	ing statement of
FIRST: The name	of the limited liability company is: 320 SW 19TH RD, LLC	
SECOND: The Fi	orida Document Number of the limited liability company is:	
THIRD: The stree		
#1011		
Miami, F		
	ling address of the limited liability company's principal office is:	
#1011		
Miami, Fl	· · · · · · · · · · · · · · · · · · ·	
1. May e a.	execute an instrument transferring real property held in the name of the company Granted to:	ECRETARYSE
b.	No authority granted to:	PH II: 35
2. May a.	enter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to: Vanessa Le	пу.
Ь.		
Signature of authori	DUONG LE a The Le Trust I Typed or printed name of	s Trustee of Lated 11/17/2008
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	