124000430096

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(Address)
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Statement og Authority



A. RAMSEY

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	OFS INVESTIMO, LLC	2. 11: 125. 0		
	Name of Lin	nited Liability Com	pany	
Dear S	ir or Madam:			
The en	closed Statement of Authority and fee(s) are s	ubmitted for filing.		
Please	return all correspondence concerning this mat	ter to the following	ļ.	
JACQ	UELINE M. DURHAM, ESQ.			
	Name of Person		•	
KOON	NTZ & ASSOCIATES, PL			
	Firm/Company		•	
1613 F	RUITVILLE RD.			
	Address			
SARA	SOTA, FL 34236			
	City/State and Zip Code			
	E-mail address: (to be used for future annu-	al report notification	n)	
For fur	ther information concerning this matter, pleas	e call:		
JACQ	UELINE M. DURHAM, ESQ.	941 at (225-2615	
	Name of Person	Area Code	Daytime Telephone N	umber

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, Suitc 810 Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

	of the limited liability company is: OFS INVESTIMO, LLC
ECOND: The Fi	orida Document Number of the limited liability company is: 1.24000430096
	et address of the limited liability company's principal office is: RTEZ RD., W.
UNIT 100	The state of the s
BRADEN	FTON, FL 34210
	ling address of the limited liability company's principal office is: TEZ RD., W.
UNIT 100	,
BRADEN	TON, FL 34210
а	. Granted to:
b	. No authority granted to: MICHAELA DAMM OR VALENTÝNA
b	No authority granted to: MICHAELA DAMM OR VALENTÝNA FALEŠNÍKOVÁ TO DISPOSE REAL ESTATE.
	enter into other transactions on behalf of, or otherwise act for or bind, the company.
2. May	enter into other transactions on behalf of, or otherwise act for or bind, the company.
2. May	enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to:

CR2E138 (2/14)