Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREEN SCHOENFELD & KYLE LLP

Account Number : I20000000177 Phone : (239)936-7200 : (239)936-7997 Fax Number

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STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limite	d liability company submits the following statement of
FIRST:	The name of the limited liability company is:	8 SALON & SPA, LLC
SECON): The Florida Document Number of the limited lis	ability company is:
	The street address of the limited liability company 814 SW PINE ISLAND ROAD	's principal office is:
	CAPE CORAL, FLORIDA 33991	
	The mailing address of the limited liability compe	ny's principal office is:
-	CAPE CORAL, FLORIDA 31991	
pesition on	the following: . May execute an instrument transferring real pro-	ions of authority on all persons having the status or onsferce, manager, officer or otherwise or to a specific operty held in the name of the company.
	b. No authority granted to: MARCELA	MORENO
2	May enter into other transactions on behalf of, B. Granted to:	or otherwise act for or bind, the company.
	b. No authority granted to: MARCELA !	MORENO
	Salame	JEFF SAGORAC
Signature'	Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 (optional)