| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | dress)            |             |
| (Add                      | dress)            |             |
| (City                     | y/State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT              | MAIL.       |
| (Bus                      | siness Entity Nar | me)         |
| (Do                       | cument Number)    |             |
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AUG 0 3 2017 J SHIVERS

#### **COVER LETTER**

| TO:      |       | rision of Corporations                  |                        |              |  |
|----------|-------|---|------------------------|--------------|--|
| SUBJE    | ζТ.   | Queen Lena, LLC                         | I                      |              |  |
| 30031    | C I . | Name of                                 | Limited Liability Co   | ompany       |  |
| Dear Si  | ror N | Madaiπ:                                 |                        |              |  |
| The enc  | losed | d Statement of Authority and fee(s) a   | re submitted for filir | ıg.          |  |
| Please r | eturn | all correspondence concerning this      | matter to the followi  | ng:          |  |
| Jeffre   | y L.  | Kluger                                  |                        |              |  |
|          |       | Name of Person                          | <del></del>            | <del>-</del> |  |
|          |       |   |                        |              |  |
|          |       | Firm/Company                            |                        | <del>_</del> |  |
| 6600     | NW    | 74th Avenue                             |                        |              |  |
|          |       | Address                                 |                        | <del></del>  |  |
| Miam     | i, Fl | orida 33166                             |                        |              |  |
|          |       | City/State and Zip Code                 | -                      | <del>-</del> |  |
| jkluge   | r@    | agiftcorp.com                           |                        |              |  |
|          | E-r   | mail address: (to be used for future ar | nual report notificat  | ion)         |  |
| For furt | her i | nformation concerning this matter, p    | lease call:            |              |  |
| Eliot \  | N. F  | Rifkin, Esq.                            | 305                    | 670-9330     |  |

### STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

## MAILING ADDRESS:

Daytime Telephone Number

Area Code

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

# STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida | Statutes, this limited | liability company | submits the | following s | tatement of |
|--|------------------------|-------------------|-------------|-------------|-------------|
| authority:                               |                        |                   |             |             |             |

| FIRST:                | The name of the limited liability company is   |                      |           |
|-----------------------|--|----------------------|-----------|
| Queer                 | Lena, LLC  |                      |           |
| SECON                 | D: The Florida Document Number of the limited liability company is:L06000082917  | 7                    |           |
|                       | The street address of the limited liability company's principal office is: 6600 NW 74th Ave  |                      |           |
|                       | Miami, Florida 33166   |                      |           |
|                       | The mailing address of the limited liability company's principal office is: 6600 NW 74th Ave   |                      |           |
|                       | Miami, Florida 33166   |                      |           |
| position of person of | H: This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferce, manager, officer or otherwise or in the following:  1. May execute an instrument transferring real property field in the name of the company.  a. Granted to: Jeffrey L. Kluger or Gary A. Kluger or | ne Hatus<br>to a spe | 1- 904 AI |
|                       | Jennifer M. Kluger   |                      | n:        |
|                       | b. No authority granted to:  | NONDX<br>DATE        | 7:27      |
|                       | 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compania.  a. Granted to:  Jennifer M. Kluger   | ıy.                  |           |
|                       | b. No authority granted to:  |                      |           |
|                       | Jeffrey L. Kluger  |                      |           |
| Signature             | of authorized representative Typed or printed name of s Filing Fee: \$25.00  | ignature             |           |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)