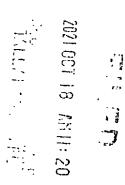
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COVER LETTER

TO: Registration Section Division of Corporations			
PALMS & DOLPHINS LI	_C		
SUBJECT: Name	of Limited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are submitted for filing	ı	
Please return all correspondence concerning the	his matter to the following); ;	
Darrin R Schutt		_	
Name of Person		_	
Schutt Law Firm PA			
Firm/Company		_	
12601 New Brittany Boulevard			
Address		_	
City/State and Zip Code		_	<i>%.</i> 20
Fort Myers, Florida 33907			2021 OCT
E-mail address: (to be used for futu	re annual report notification	on)	<u></u>
For further information concerning this matter	er, please call:		3 1
Darrin R Schutt, Esq.	239 at (540-7007	
Name of Person	Area Code	Daytime Telep	hone Number

STREET/COURIER ADDRESS:

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

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 statement of authority: FIRST: The name of the limited liability company is: PALMS & DOLPHINS LLC SECOND: The Florida Document Number of the limited liability company is: L13000054676 THIRD: The street address of the limited liability company's principal office is: 502 SW 51st Terrace Cape Coral, Florida 33914 The mailing address of the limited liability company's principal office is: 502 SW 51st Terrace Cape Coral, Florida 33914 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. Granted to: NADJA MARIE BRUNNER-CICATELLI b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: NADJA MARIE BRUNNER-CICATELLI b. No authority granted to: Franz Brunner Typed or printed name of signature Signature of authorized representative \$25.00 Filing Fee:

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)