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Florida Department of State
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Account Number : 076624003440
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SOLEIL 65, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLEIL 65, LLC
Name 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 this matter to the following:

LAURA KOHN
Name of Person

ARAZOZA & FERNANDEZ-FRAGA P.A.
Firm/Company

2100 SALZEDO STREET, SUITE 300
Address

CORAL GABLES, FL 33134
City/State and Zip Code

LAURA@ARAZOZA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA KOHN at (305) 444-6226 EXT 233
Name of Person Area Code Daytime Telephone 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

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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: SOLEIL 65, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000083758

THIRD: The street address of the limited liability company's principal office is:

2447 GREENBRIER CT

WESTON, FL 33327

The mailing address of the limited liability company's principal office is:

2447 GREENBRIER CT

WESTON, FL 33327

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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.

a. Granted to: ADRIANA RIVAS DE GIL

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: ADRIANA RIVAS DE GIL

b. No authority granted to: _____

x *Adriana Rivas De Gil*
Signature of authorized representative

Adriana Rivas De Gil, Sole Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)