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(Re	questor's Name)	
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SECRETARY OF STATE
ALL AHASSEE FROBUNY

STATEMENT OF AUTHORITY

		i	
SECOND: The Florid	a Document Number of the limite	ed liability company is: L14000	086639
	dress of the limited liability comp	pany's principal office is:	
CLEARW	ATER, FLORIDA 33760		
-	address of the limited liability co	empany's principal office is:	
CLEARW	ATER, FLORIDA 33760		
position of a person in person on the following	a company, whether as a member g:	mitations of authority on all person r, transferee, manager, officer or o al property held in the name of the	therwise or to a specific
•	_	in property neta in the name of the	
b. ·	No authority granted to: HOSN	II S. GHALI, SR.	2014 SEP 10 1
	er into other transactions on behal	If of, or otherwise act for or bind,	
b	No authority granted to: HOSN	II S. GHALI, SR.	THE STATE OF THE S
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