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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FJ&C SOLUTIONS, 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:

Andres Rodriguez
Name of Person

R&P Accounting & Taxes, Inc.
Firm/Company

150 SE 2nd Ave, Suite 404
Address

Miami, FL 33131
City/State and Zip Code

arodriguez@rpaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Alonso, Esq. at (786) 313-3669
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: F&JC SOLUTIONS, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000128469

THIRD: The street address of the limited liability company's principal office is:
150 SE 2nd Ave, Suite 404
Miami, FL 33131

The mailing address of the limited liability company's principal office is:
150 SE 2nd Ave., Suite 404
Miami, FL 33131

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:

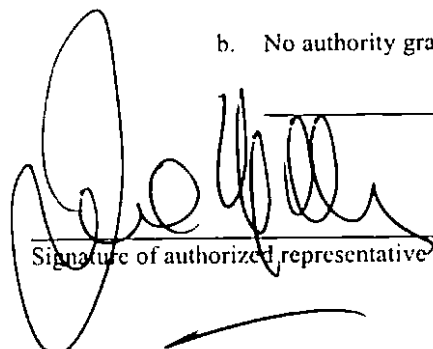
1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: SEBASTIAN A. WYDLER

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: _____

b. No authority granted to: _____


Signature of authorized representative

SEBASTIAN A. WYDLER
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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