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TO: Registration Section Division of Corporations

SUBJECT: CAMORUCO 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:

Rafael E. Fuentes Castellanos
Name of Person
Camoruco LLC
Firm/Company
3580 NW 85th Street, 258
Address
Doral, Florida 33122
City/State and Zip Code
REFUENTES @MSN.COM

E-mail address: (to be used for future annual report notification) For further

information concerning this matter, please call:

Rafael E. Fuentes Castellanos at 786 322 9426
Name of Person (Area Code) Daytime Telephone 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: CAMORUCO LLC.

SECOND: The Florida Document Number of the limited liability company is: L19000155704.

THIRD: The street address of the limited liability company's principal office is: 3580 NW 85TH COURT, 258, DORAL, FLORIDA 33122.

The mailing address of the limited liability company's principal office is: 3580 NW 85TH COURT, 258, DORAL, FLORIDA 33122.

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 and deliver an instrument(s), including, but not limited to, all conveyance documents, including Warranty Deeds, Bills of Sale, Disbursement Instructions, Affidavits, Closing Statements, Disclosures and the like, transferring real property held in the name of the company.
 - a. Granted to: RAFAEL E. FUENTES CASTELLANOS, Manager
 - b. No authority granted to: N/A
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company with respect to the purchase, sale, leasing, and management of real property.
 - a. Granted to: RAFAEL E. FUENTES CASTELLANOS, Manager

b. No authority granted to: N/A

Signature of authorized representative

Aida C. Castellanos De Aoun, Manager

Signature of authorized representative

Rafael E. Flientes Castellanos, Manager

ida Vastilanez de Acons

Printed Name of Manager

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)