Note: Please print this page and use it as a cover sheet. Type the fax audit rumber (shown below) on the top and bottom of all pages of the document.

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To:		
	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 Ser the email address for this business entity to be used for future	20.5
4. Ett	annual report mailings. Enter only one email address please.**	- -
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AUG L . ZUZU

STATEMENT OF AUTHORITY

-juthority:	to section 605.0302(1), Florida Statutes, this limited liability comp	
FIRST	The name of the limited liability company is:	DA LLC
SECONE	The Florida Document Number of the limited liability compan	yis: L15000165114
	The street address of the limited liability company's principal off 10820 SOUTH WEST 13	ice is: 36 COURT
. : <u>:</u>	MIAMI, FLORIDA 3:	<u> </u>
	The mailing address of the limited liability company's principal 10520 5007/1 WEST /	office is: 136 COURT
	10820 SOUTH WEST 1 MIAMIL FLORIDA 3	<i>3186</i>
position	This statement of authority grants or sets limitations of author of a person in a company, whether as a member, transferee, mana in the following: I. May execute an instrument transferring real property held in a. Granted to: CREA G	the name of the company.
	b. No authority granted to:	
	May enter into other transactions on behalf of, or otherwise a. Granted to:	act for or bind, the company.
	b. No authority granted to:	
Signau	ane of authorized representative	LUIS B. GUTTERREZ ADRIGATION OF Typed or printed name of signature
•		