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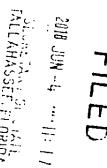
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COVER LETTER

TO: Registration Section Division of Corporations	·		
CONTEMPORANEA HOLD	INGS, LLC.		
SUBJECT: Name of l	Limited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) ar	e submitted for filing.		
Please return all correspondence concerning this n	natter to the following:	:	
John W. Perloff, Esq.			
Name of Person			
Doumar Allsworth, et al.			
Firm/Company			
1177 S.E. 3rd Ave.			
Address			
Ft. Lauderdale, FL 33316			
City/State and Zip Code			
alexyo@me.com			
E-mail address: (to be used for future and	nual report notification	n)	
For further information concerning this matter, ple	ease call:		
John W. Perloff, Esq.	954	762-3400	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

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: Contemporanea Holdings, LLC. SECOND: The Florida Document Number of the limited liability company is: L0300008097 THIRD: The street address of the limited liability company's principal office is: 333 Las Olas Way CU#1 Ft. Lauderdale, FL 33301 The mailing address of the limited liability company's principal office is: 333 Las Olas Way CU#1 Ft. Lauderdale, FL 33301 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: Albert A. Yokana 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: Albert A. Yokana Victor L. Yokana Albert A. Yokana Typed or printed name of signature of authorized representative \$25.00 Filing Fee:

Certified Copy: \$30.00 (optional)