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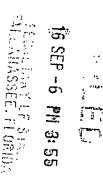
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COVER LETTER

Raven Investments, L.L SUBJECT:	C.	
	e of Limited Liability Cor	mpany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee	(s) are submitted for filing	<u>5</u> .
Please return all correspondence concerning	this matter to the followin	g:
Lori Wolfe		
Name of Person		
Mark R. Hall, P.A.		
Firm/Company		-
124 Faulkner Street		
Address		_
New Smyrna Beach, FL 32168		
City/State and Zip Code		_
chery.nation@gmail.com		
E-mail address: (to be used for futu	re annual report notification	on)
For further information concerning this matter	er, please call:	
Lori Wolfe	386	423-1221
Name of Person	Area Code	Daytime Telephone Numbe

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

authority		ng staten	nent of
FIRST:	The name of the limited liability company is: Raven Investments, L.L.C.		
SECON	D: The Florida Document Number of the limited liability company is: L0400022099)	
	The street address of the limited liability company's principal office is: 1851 Rendy Road		
	New Smyrna Beach, Florida 32168		
	The mailing address of the limited liability company's principal office is: P.O. Box 152		
	Hopkinton, MA 01748		
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Ronald E. Nation	or to a sp	ecific 16 SEP -
	b. No authority granted to: anyone other than Ronald E. Nation	r. CORIDA	PM 3: 55
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Ronald E. Nation	any.	
	b. No authority granted to: anyone other than Ronald E. Nation		
_//	3 M Ronald E. Nation		
Signature	e of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (aptional)	signatur	e