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JUN 1 5 2015 L. HAMPYON

COVER LETTER

TO: Registration Section Division of Corporations			
Jali, LLC			
SUBJECT: Name of Lin	nited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:	:	
Victor H De Yurre			
Name of Person			
Law Offices of Victor H De Yurre			
Firm/Company			
6780 Coral Way			
Address			
Miami, Florida 33155			
City/State and Zip Code			
deyurre@aol.com			
E-mail address: (to be used for future annu	al report notification	1)	
For further information concerning this matter, plea	se call:		
Victor H De Yurre	305	3739194	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant authority	to section $605.0302(1)$, Florida Statutes, this limited liability company submits the follow:	wing sta	tement	of
FIRST:	The name of the limited liability company is: Jali, LLC	**************************************		
SECON	D: The Florida Document Number of the limited liability company is: L050001203	69		
	The street address of the limited liability company's principal office is: 7600 Red Road, Suite 124			
	South Miami, Florida 33143	_		
	The mailing address of the limited liability company's principal office is: 7600 Red Road, Suite 124			
	South Miami, Florida 33143			
position	 This statement of authority grants or sets limitations of authority on all persons havi of a person in a company, whether as a member, transferee, manager, officer or otherwise the following: May execute an instrument transferring real property held in the name of the companies. Granted to: Steven Halegua 	se or to a	atus or specif	ic
	b. No authority granted to:	_		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the cona. Granted to: Steven Halegua	SECRETAR TALLAHAS	15 JUN 12	
	b. No authority granted to:	SEE FLORIDA	AM 11: 19	M
	Steven Halegua			
Signatur	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	of signa	iture	

CR2E138 (2/14)