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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	PSN 1, LLC			
SODSEC		mited Liability Comp	oany	
Dear Sir o	or Madam:			
The enclo	osed Statement of Authority and fee(s) are	submitted for filing.		
Please ret	turn all correspondence concerning this ma	atter to the following:		
Scott E	E. Tuckman, Esq.			
	Name of Person			
Lavin L	aw Group, P.A.			
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
2670 N	IE 215th Street			
	Address			
Miami,	FL 33180			
	City/State and Zip Code			
jirvin@	recservicesfl.com			
	E-mail address: (to be used for future annual	ual report notification	n)	
For furthe	er information concerning this matter, plea	ase call:		
Scott E	E. Tuckman	954	967-2788	
	Name of Person	Area Code	Daytime Teleph	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrat Division P.O. Box	GADDRESS: ion Section of Corporations 6327 see, Florida 32314	2018 FEB 29 P 3: 58 SECRETARY OF STATE TALLAHASSEE, FLORID

STATEMENT OF AUTHORITY

	me of the limited liability company is:	SN 1, LLC	
ECOND: The	Florida Document Number of the limited I	liability company is: LU6000058	1154
	reet address of the limited liability compan D.N.W. 138 Street	y's principal office is:	
Unit A			
Hialea	ah Gardens, Florida 33018		
The m	ailing address of the limited liability comp	any's principal office is:	-
	statement of authority grants or sets limita		
erson on the foll		and to the first manager, officer of outer w	Asc of to a appoint
1. May	execute an instrument transferring real pr	-	pany.
	a. Granted to:	Member	
			
	b. No authority granted to:		~
2. Ma <u>y</u>	b. No authority granted to:	or otherwise act for or bind, the co	
2. Ma <u>y</u>	b. No authority granted to:	or otherwise act for or bind, the co	
2. Ma <u>y</u>	b. No authority granted to:	or otherwise act for or bind, the co	TACCRE LAH
2. Mag	b. No authority granted to:	or otherwise act for or bind, the co /Member	SECRETARY OF TALLAHASSEE.
2. Mag	b. No authority granted to: venter into other transactions on behalf of, a. Granted to: Jim Irvin, Manager	or otherwise act for or bind, the co /Member	SECRETARY OF TALLAHASSEE.
2. Mag	b. No authority granted to: venter into other transactions on behalf of, a. Granted to: Jim Irvin, Manager	or otherwise act for or bind, the co /Member	SECRETARY OF STALLAHASSEE. FL
2. May	b. No authority granted to: venter into other transactions on behalf of, a. Granted to: b. No authority granted to:	or otherwise act for or bind, the co /Member	SECRETARY OF TALLAHASSEE.
2. May	b. No authority granted to: venter into other transactions on behalf of, a. Granted to: Jim Irvin, Manager	or otherwise act for or bind, the confidence of	SECRETARY OF TALLAHASSEE.
2. May	b. No authority granted to: venter into other transactions on behalf of, a. Granted to: D. No authority granted to: Granted to:	or otherwise act for or bind, the co /Member	SECRETARY OF TALLAHASSEE.
2. May	b. No authority granted to: venter into other transactions on behalf of, a. Granted to: b. No authority granted to:	or otherwise act for or bind, the confidence of	2016 FEB 29 TALLAHASSEE.