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(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VELERO HOLDINGS GROUP, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge E. Otero, Esq.

Name of Person

Jorge E. Otero & Associates, P.A.

Firm/Company

75 Valencia Ave., Fourth Floor

Address

Coral Gables, Florida 33134

City/State and Zip Code

carlos@anllo.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge E. Otero, Esq.

305

567-9000

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: VELERO HOLDINGS GROUP, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L06000077540

THIRD: The street address of the limited liability company's principal office is:

1607 Ponce de Leon Blvd., Suite 103

Coral Gables, Florida 33134

The mailing address of the limited liability company's principal office is:

1607 Ponce de Leon Blvd., Suite 103

Coral Gables, Florida 33134

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.

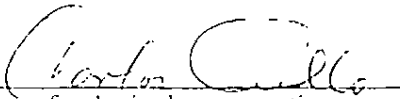
a. Granted to: Carlos Anllo

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: Carlos Anllo

b. No authority granted to: _____


Signature of authorized representative

Carlos Anllo

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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