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CAPITAL CONNECTION, INC.

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STATEMENT OF AUTHORITY

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FIRST:	The name of the limited liabili	ity company is:		
SECON	D: The Florida Document Nur	mber of the limited liability c	ompany is: L0600011924	48
THIRD:	The street address of the limit	ted liability company's princ	ipal office is:	
	Suite 217			- AL - B
	Bay Harbor Island, FL			19 OCT 11
	The mailing address of the lit		incipal office is:	PH 10: 00
	Suite 217		- 能 8	
•	Bay Harbor Island, FL	33154		-
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	b. No authority gran	nted to:		_
		sactions on behalf of, or other uls A. Supraski, Esq.	rwise act for or bind, the con	— npany. —
	b. No authority gran	nted to:		_
			Jorge Savloff	_
Signature	e of authorized representative	Filing Fee: \$25.0 Certified Copy: \$30.0	Typed or printed name	of signature