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(Address)

(Address)

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TALLAHASSEE, FLORIDA

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J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLTR LLC

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:

AARON C. SWIREN

Name of Person

L. BRUCE SWIREN, P.A.

Firm/Company

1516 E. HILLCREST ST., STE. 200

Address

ORLANDO, FL 32803

City/State and Zip Code

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

For further information concerning this matter, please call:

AARON SWIREN

Name of Person

407
at (_____) _____

Area Code

898-7303

Daytime Telephone Number

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

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: FLTR LLC

SECOND: The Florida Document Number of the limited liability company is: L07000033343

THIRD: The street address of the limited liability company's principal office is:
4767 NEW BROAD STREET, ORLANDO, FL 32814

The mailing address of the limited liability company's principal office is:
4767 NEW BROAD STREET, ORLANDO, FL 32814

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: ISAAC MANZO

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: _____

b. No authority granted to: _____



Signature of authorized representative

ISAAC MANZO

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA