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(City/State/Zip/Phone #)	11/16/1501029007 **25.00
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COVER LETTER

TO: Registration Section Division of Corporations

EVENTUS CAPITAL GROUP MANAGEMENT, LLC SUBJECT:

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:

ROMAN FISHER

Name of Person

EVENTUS CAPITAL GROUP MANAGEMENT, LLC

Firm/Company

100 S.E. 3rd. Avenue, Suite 2010

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

roman@eventus-investments.com

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

For further information concerning this matter, please call:

STEPHEN F. GOLDENBERG		954	ŀ	566	-841	1		
	_ at	()			 	

Name of Person

Area Code

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

CR2E138 (2/14)

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: _____EVENTUS CAPITAL GROUP MANAGEMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: LO8000007438

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

100 S.E. 3rd. Avenue, Suite 2010

Fort Lauderdale, FL, 33394

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

100 S.E. 3rd. Avenue, Suite 2010

Fort Lauderdale, FL, 33394

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.

CR2E138 (2/14)					
Signature of authoriz	ed representative	Filing Fee: \$2 Certified Copy: \$3	Typed or printed nar 5.00 0.00 (optional)	ne of signature	
E	R		ROMAN FISHER		
b.	No authority granted	l to:			
2. May er a.			herwise act for or bind, the c LEXANDER REICHL		
b.	No authority granted	i to: N/A		1 6 P H	
a.	Granted to: ROM	AN FISHER or AL	EXANDER REICHL	2815 NOV	1 1 1 1 1