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COVER LETTER

TO: Registration Section & Division of Corporations

SUBJECT: Name o	of Limited Liability Co	mpany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)	are submitted for filin	g.
Please return all correspondence concerning this	s matter to the following	ng:
Joshua J. Caspi		
Name of Person	<u> </u>	_
Joshua J. Caspi		
Firm/Company		_
3010 Westchester Avenue, Suite 10)6	
Address		-
Purchase, NY 10577		
City/State and Zip Code		_
josh@caspidevelopment.com		
E-mail address: (to be used for future a	annual report notificati	on)
For further information concerning this matter, p	please call:	
Joshua Caspi	914 ·at (694-8300
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 liabil authority:	•
FIRST: The name of the limited liability company is: 21 Kentu company	ucky LLC, a Florida limited liability
SECOND: The Florida Document Number of the limited liability	company is:
THIRD: The street address of the limited liability company's prin 3010 Westchester Avenue, Suite 106	ncipal office is:
Purchase, NY 10577	
The mailing address of the limited liability company's p 3010 Westchester Avenue, Suite 106	principal office is:
Purchase, NY 10577	
FOURTH: This statement of authority grants or sets limitations o position of a person in a company, whether as a member, transfered person on the following: 1. May execute an instrument transferring real property a. Granted to: Joshua J. Caspi	e, manager, officer or otherwise or to a specifie
b. No authority granted to:	
2. May enter into other transactions on behalf of, or other a. Granted to:	erwise act for or bind, the company.
b. No authority granted to:	
	Joshua J. Caspi, Manager
Signature of authorized representative Filing Fee: \$25. Certified Copy: \$30.	

CR2E138 (2/14)