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COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	P.W. Realty Enterprises, LLC					
000000	Name of Limi	ted L	iability Com	pany	300	
Dear Sir or	Madam:					
The enclose	ed Statement of Authority and fee(s) are su	bmitt	ed for filing.			
Please retur	m all correspondence concerning this matte	r to t	he following	;		
Karam V	/. Duggal					
	Name of Person		· _ · · · ·			
P.W. Re	alty Enterprises, LLC					
	Firm/Company					
8525 Re	dleaf Lane					
	Address					
Orlando,	FL 32819					
	City/State and Zip Code					
karam@	rakpm.com				16	Σg
E-	mail address: (to be used for future annual	repo	rt notification)	AON	CRE
For further	information concerning this matter, please	call:			-7	ASS
Jeff Icard	iŁ	at (407	647-1859	A	
	Name of Person		Area Code	Daytime Telephone Number	7: 5:	LOSI SIN

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: P.W. Realty Enterprises, LLC SECOND: The Florida Document Number of the limited liability company is: _____ THIRD: The street address of the limited liability company's principal office is: 8525 Redleaf Lane Orlando, FL 32819 The mailing address of the limited liability company's principal office is: 8525 Redleaf Lane Orlando, FL 32819 FOURTH: This statement of authority grants or sets limitations of authority on an persons maxing and position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific 1. May execute an instrument transferring real property held in the name of the company. b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: _____A. Icardi as per the attached Exhbit "A". b. No authority granted to: Karam V. Duggal Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

The authority of Jeffrey A. Icardi to act on behalf of the Company is limited to transactions regarding Lot 3 and Lot 6, Block One, Desert Willow Commercial Subdivision, an addition to the City of Killeen, Bell County, Texas, according to the map or plat of record in Plat Year 2015, Plat #123, Plat Records of Bell County, Texas (the "Property"). Jeffrey A. Icardi will sign as "Authorized Signatory" on all documents regarding the Property and his authority is in addition to the authority of the Manager, with both the Authorized Signatory and the Manager being authorized independently to sign documents relating to the Property.

the Property.

Karam V. Duggal, Manager

November 5, 2016

F:\wp50\data\Jefficardi\duggal\Walmart, Killeen, TX\Exhibit A to statement of authority.docx

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SECRETARY OF STATE