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K. SALY
EXAMINER

FEB 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Kiefer Agency, 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:

Lynn B. Aust, Esq.
Name of Person

Lynn B. Aust, PL
Firm/Company

1220 E. Livingston St.
Address

Orlando, FL 32803
City/State and Zip Code

doveattorney@austlaw.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn B. Aust at (407) 447-5399
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

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TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

I, Michael A. Kiefer, sole Authorized Member for the Michael Kiefer Agency, LLC (hereinafter "Company"), with the principal and mailing address of 117 Spring Valley Loop, Altamonte Springs, FL 32714, state the authority granted for the following person(s) and position(s):

1. Michael A. Kiefer, sole Authorized Member of the Company, has the sole and absolute authority to:
    a. Execute an instrument transferring real property held in the name of the Company; and
    b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of 2 day of February 2014.

Michael A. Kiefer

Michael A. Kiefer, Authorized Member

This Statement of Authority prepared by:
The Law Offices of Lynn B. Aust, P.L.
1220 E. Livingston St.
Orlando, FL 32803
407-447-5399