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JAIL MISSISSIPPI, FLORIDA

S. WARREN

OCT 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. E. CAPRICORN, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

EVELYNE SHAFFER

Name of Manager

R. E. CAPRICORN, LLC

Name of Company

1633 Galleon Drive

Address of Company

Naples, FL 34102

City/State and Zip Code

evelshaf163@centurylink.net

E-mail Address of Manager

For further information concerning this matter, please call: Peggy Lee at 941-964-1223

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

This Instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERTSSON, LLC
Robert C. Benedict, Esq.
333 Park Avenue, Unit 2A, PO Box 483
Boca Grande, FL 33921

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28th day of ~~October~~ September, 2017, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **R. E. CAPRICORN, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L0900000057**

THIRD: The street address of the limited liability company's principal office is: **1633 Galleon Drive, Naples, FL 34102**

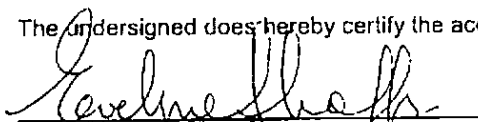
The mailing address of the limited liability company's principal office is: **1633 Galleon Drive, Naples, FL 34102**

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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: EVELYNE SHAFFER, as Manager.
 - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: EVELYNE SHAFFER, as Manager.
 - b. No authority granted to:

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17 OCT 10 PM 3:51
NOTARY OF STATE
PALM BEACH, FLORIDA

The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

R. E. CAPRICORN, LLC, as Manager

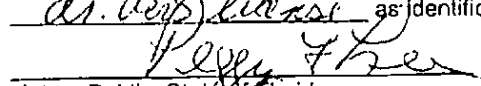
EVELYNE SHAFFER, as Manager

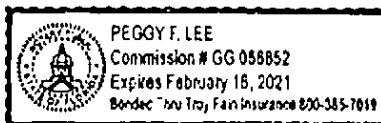
Printed name and position title

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 28th day of Sept, 2017 by EVELYNE SHAFFER, as Manager of R. E. CAPRICORN, LLC, a Florida limited liability company, as Manager of BG 2451, LLC, a Florida limited liability company, who is personally known to me or who has produced Dr. Webb Pierce as identification and who did take an oath.


Notary Public, State of Florida
My Commission Expires:
(Seal)



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TALLAHASSEE, FLORIDA