## L090000 02158

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	e e t t
SUBJE	EVENTUS INVESTMENT	PARTNERS, LLC	
0000		Limited Liability Com	pany
Dear Si	r or Madam:		
The end	closed Statement of Authority and fee(s) a	are submitted for filing.	
Please 1	return all correspondence concerning this	matter to the following	:
ROM	AN FISHER		
	Name of Person		
EVEN	NTUS INVESTMENT PARTNER	RS, LLC	
	Firm/Company		
100 5	S.E. 3rd. Avenue, Suite 2010		
	Address		
Fort L	_auderdale, FL 33394		
	City/State and Zip Code		
roma	n@eventus-investments.com		
	E-mail address: (to be used for future a	nnual report notification	n)
For furt	ther information concerning this matter, p	lease call:	
STEF	PHEN F. GOLDENBERG	954 at (	566-8411
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILIN	G ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

## 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 INVESTMENT PARTNERS, LLC SECOND: The Florida Document Number of the limited liability company is: L09000002158 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. Granted to:\_\_\_\_ROMAN FISHER or GLENN R. CADDY b. No authority granted to: N/A May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: \_\_\_\_ROMAN FISHER or GLENN R. CADDY No authority granted to: \_\_\_ ROMAN FISHER Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)