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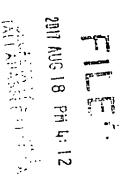
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J. HARRIS

COVER LETTER

Div	rision of Corporations		
SUBJECT:	DELTA OMEGA HOLDINGS, I	LC.	
		ted Liability Com	pany
Dear Sir or)	Madam:		
The enclosed	I Statement of Authority and fee(s) are sul	omitted for filing.	
Please return	all correspondence concerning this matte	r to the following	:
HUMBEF	RTO L RODRIGUEZ		
	Name of Person		
GONZAL	EZ & RODRIGUEZ, PL		
	Firm/Company		
999 PON	CE DE LEON BLVD, SUITE 11:	35	
	Address		
CORAL	GABLES, FLORIDA 33134		
	City/State and Zip Code		
obsalom(@comcast.net		
E-n	nail address: (to be used for future annual)	report notification))
For further in	iformation concerning this matter, please of	:all:	
Humberto	L Rodriguez	305	461-4880
	Name of Person	at () Area Code	Daytime Telephone Number
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee. Florida 32314

TO: Registration Section

STATEMENT OF AUTHORITY

authority:	to section 605.0302(1). Florida Statutes, this limited liability company submits the following: The name of the limited liability company is: DELTA OMEGA HOLDINGS, LLC		ent of	
SECONI): The Florida Document Number of the limited liability company is: L09000004424			
	The street address of the limited liability company's principal office is: 15364 S.W. 151st Terrace			
	Miami, Florida 33196			
-	The mailing address of the limited liability company's principal office is: 15364 S.W. 151st Terrace			
-	Miami, Florida 33196			
position of person on	1: This statement of authority grants or sets limitations of authority on all persons having to a person in a company, whether as a member, transferee, manager, officer or otherwise of the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Beatrice Salom	r to a spec	eific	
	b. No authority granted to:	100 A	2017 AUG 18	ind.
2	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compara. a. Granted to:	ny. The second s	PH 4: 12	; i
	b. No authority granted to:			
Signature	Franck A. F. Of authorized representative Typed or printed name of section 1.	- C(NO signature	ind	.८२
0	Filing Fee: \$25.00			

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)