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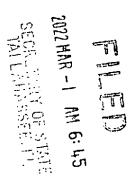
(Requestor's Name)
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COVER LETTER

Division of Corporations
SUBJECT: SIRNB SOCREM, 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:
Virginia Buzzis Name of Person
Sirrub Socrum, LLC Firm/Company
422 Eunice Road Address
haledond FL 33803 City/State and Zip Code
Ginny breais (agmai), com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Vincinia Bunnis at (863) 287 - 7004 Name of Person Area Code Daytime Telephone Number
(value of relation)

Registration Section

TO:

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the fol authority:	lowing statement of
FIRST: The name of the limited liability company is: Sizizus Socrum L	LC_
SECOND: The Florida Document Number of the limited liability company is: LO9000	00 33015
THIRD: The street address of the limited liability company's principal office is:	
422 Eunice Road Lakeland, FL 33803	
hakeland, FL 33803	— 5EC
	一門 第二
The mailing address of the limited liability company's principal office is: $422 \text{Eunice} \text{Roa} \mathcal{Q}$	MR-1 M 6: 45
422 EUNICE ROOD Lakeland, FL 33803	
	—
FOURTH: This statement of authority grants or sets limitations of authority on all persons har position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: AUBCEY A. BURGIS	vise or to a specific
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the co	mpany
a. Granted to: Aubrey A. Burnis	
b. No authority granted to:	<u> </u>
Vincinia Business Signature of authorized representative Typed or printed name	varis ne of signature

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)