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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COMQZE - FL, 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:
Carlos J. Zepeda Name of Person
Comaze - Fl. LLC Firm/Company
10900 NW 21 St, Suite # 240 Address
Doral FI 33172 City/State and Zip Code
Depedarge amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlos Zepeda at (305) 321 - 1075 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

STATEMENT OF AUTHORITY

SECOND: The Florida Document Number of the limited liability company is: LIDODOOO 9291 THIRD: The street address of the limited liability company's principal office is: 10900 AW 21 ST SUIFE # 240 DOTAL FI 33172 The mailing address of the limited liability company's principal office is: 10900 AW 21 ST SUIFE # 240 DOTAL FI 33172 The mailing address of the limited liability company's principal office is: 10900 AW 21 ST SUIFE # 240 DOTAL FI 33172 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. a. Granted to: CAYLOS T. 22020 b. No authority granted to: 5. No authority granted to: CAYLOS T. 22020 Typed or printed name of signature Filing Fee: \$25.00 Typed or printed name of signature	Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:
THIRD: The street address of the limited liability company's principal office is: 10900 NW 21 ST Wife # 240 Doral, F1 33172 The mailing address of the limited liability company's principal office is: 10900 NW 21 ST Suife # 240 Doral, F1 33172 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. a. Granted to:	FIRST: The name of the limited liability company is: COMAZE-FI, UC
INTERPOLATION AND 21 ST Suite # 240 DOTAL FI 33172 The mailing address of the limited liability company's principal office is: ID900 NW 21 ST SUITE # 240 DOTAL FI 33172 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. a. Granted to:	SECOND: The Florida Document Number of the limited liability company is: L100000 9291
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The mailing address of the limited liability company's principal office is: ID900 NW 21 ST SUHE # 240 DOTGQ FI 33172 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. a. Granted to: CAYIOS J. 22060 b. No authority granted to: b. No authority granted to: Signature of authorized representative Signature of authorized representative Typed or printed name of signature Typed or printed name of signature	10900 NW 21 ST
The mailing address of the limited liability company's principal office is: ID900 NW 21 ST SUHE # 240 DOTGQ FI 33172 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. a. Granted to: CAYIOS J. 22060 b. No authority granted to: b. No authority granted to: Signature of authorized representative Signature of authorized representative Typed or printed name of signature Typed or printed name of signature	Suite # 240
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2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: b. No authority granted to: Carlos J. Zepeda Signature of authorized representative Typed or printed name of signature	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.
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: b. No authority granted to: Carlos J. Zepeda Signature of authorized representative Typed or printed name of signature	7
Signature of authorized representative Carlos J. Zepeda Typed or printed name of signature	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
	b. No authority granted to:
Certified Copy: \$30.00 (optional)	Filing Fee: \$25.00