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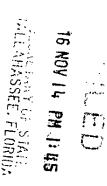
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Registration Section 'Division of Corporations

DAERAC 711, LLC SUBJECT:			
Name of I	Limited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) ar	e submitted for filing.	•	
Please return all correspondence concerning this n	natter to the following:	i e	
RENE L ARREDONDO			
Name of Person	· · · · · · · · · · · · · · · · · · ·		
DAERAC 711, LLC			
Firm/Company			
711 SW 111 WAY UNIT 2017			
Address			
PEMBROKE PINES, FL 33025			
City/State and Zip Code	*** · · · · · · · · · · · · · · · · · ·		
renearredondo7@yahoo.com			
E-mail address: (to be used for future an	nual report notification	1)	
For further information concerning this matter, ple	ease call:		
Rene L Arredondo	954 at (394-0868	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING 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

authority:	:				·	company submits the to	nowing statemen	it Oi
FIRST:	The n	ame c	I the limited liability	y company is: DA	AERAC 7	(11, LLC		
SECONI	D: Th	ie Flot	ida Document Num	ber of the limited	liability cor	npany is: L10000015	752	
			address of the limite					
						INES FL 33025		
•								
•								
			ng address of the lin			cipal office is:		
							— <u> </u>	. .
	of a po	erson i	n a company, wheth	grants or sets limit	ations of au	thority on all persons ha lanager, officer or othery		ilic 🖚
	1. N	lay ex a.				d in the name of the com iniela Arbelaez	ipany. FLORIDA	PH 1: 45
		b.						
	2. N	Aav ei		etions on behalf o		vise act for or bind, the c	omnany	
	<u> </u>	a.	Granted to:	ne Luis Arredo	ondo or E	Daniela Arbelaez		
		b.	No authority grant	led to:			_	
		-						
		7/				Rene Luis Arredo	ondo	
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