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COVER LETTER

TO: Registration Section **Division of Corporations**

116 **ENTEK CONSTRUCTION LLC** SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Statement of Authority and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

FRANK C. PEREZ

Name of Person

... ENTEK CONSTRUCTION LLC

Firm/Company

4970 SW 72 AVENUE, SUITE 108

Address

MIAMI, FLORIDA 33155

City/State and Zip Code

FRANK@ENTEKCONSTRUCTION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK C. PEREZ	305	662-1920
Name of Person	At (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 Tallahássee, Florida 32314

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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: _____ENTEK CONSTRUCTION, LLC

SECOND: The Florida Document Number of the limited fiability company is: L11000025336

THIRD: The street address of the limited liability company's principal office is:

4970 SW 72 AVENUE

SUITE 108

MIAMI, FLORIDA 33155

The mailing address of the limited liability company's principal office is: 4970 SW 72 AVENUE

SUITE 108

MIAMI, FLORIDA 33155

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, transferce, 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: FRANK C. PEREZ

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b. No authority granted to: _

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

- Granted to : FRANK C. PEREZ â.
- b. No authority granted to: ____

Signature of authorized representative FRANK C. PEREZ

Typed or printed name of signature

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

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