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OCT 3 0 2014 O. BRUCE ٠,

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ONDAY GROUP 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:	
Jagreline Hervander Valdos Name of Person Law Office of Jacqueline Hernander Valda Firm/Company	
2474 Secoffee Tengle Address	2014
Minmi, FL 33/33 City/State and Zip Code	OCT 28 AV
E-mail address: (to be used for future annual report notification)	AMII: 43 OF STATE
For further information concerning this matter, please call:	日間と

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Area Code

Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

FIRST: The	name of the limited liability company is: ONDRY GROUP	, LL	<u></u>
SECOND: T	he Florida Document Number of the limited liability company is:	3062	<u> </u>
FHIRD: The	street address of the limited liability company's principal office is:		
	2761 Vista Parkway Suite Es		
· · · · · ·	West Palm Beach, FL	_	
—— Тh	e mailing address of the limited liability company's principal office is:		
	2505 N DIVIE HWY		
	West PAlm Beach, FL 33	411	
		_	
position of a person on the	This statement of authority grants or sets limitations of authority on all persons having person in a company, whether as a member, transferee, manager, officer or otherwis following: May execute an instrument transferring real property held in the name of the compa a. Granted to: KAGRI ONE	e or to a sp	ecific
	a. Granted to: \(\lambda \) \	- Jl.	2
	b. No authority granted to: Ahmet Bayer	ANN TARY	M OCT 28
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the com	OF STATE	
	b. No authority granted to:		
L		_	
		,	
X	duthorized representative Typed or printed name	we/	