Division of Corporations

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14072091186 From: Sarah Gulati

2016-07-11 12:49:29 (GMT)

COYER LETTER

TO: Registration Section Division of Corporations GOLD EAGLES 2011, 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: Sarah Gulati Name of Person GULATI LAW, P.L. Firm/Company 479 Montgomery Place Address Altamonte Springs, FL 32714 City/State and Zip Code office@gulatilaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Gulati 407 900-5054 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

CR2E138 (2/14)

2016 JUL 11 AM 7:46 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: GOLD EAGLES 2011, LLC SECOND: The Florida Document Number of the limited liability company is: L11000096883 THIRD: The street address of the limited liability company's principal office is: 1779 EARHART CT. PORT ORANGE, FL 32128 The mailing address of the limited liability company's principal office is: 2904 W. International Speedway Dr. Daytona Beach, FL 32124 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. Granted to: BHUPINDER SODHI

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

a. Granted to: BHUPINDER SODHI

b. No authority granted to:

Signature of authorized representative

b. No authority granted to: ____

BHUPINDER SODHI

Typed or printed name of signature

Filing Fee: \$25.00

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CR2E138 (2/14)