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COVER LETTER

	egistration Section fivision of Corporations		
SUBJECT	Secured Investment Fundin	g, LLC	
ochore.		imited Liability Com	pany
Dear Sir o	Madam;		
The enclos	sed Statement of Authority and fee(s) are	e submitted for filing.	
Please retu	rn all correspondence concerning this n	natter to the following	:
Nathan	Trombetti		
	Name of Person		
Secured	Investment Funding, LLC		
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
483 Moi	ntgomery Place		
	Address		
Altamor	ite Springs, FL 32714		
	City/State and Zip Code		
nate@s	ecuredinvestmentlending.com		
E	-mail address: (to be used for future and	nual report notification	1)
For further	information concerning this matter, ple	ase call:	
Nathan	Trombetti	321	233-6403
	Name of Person	Area Code	Daytime Telephone Number
Re D C 26	CREET/COURIER ADDRESS: ogistration Section ivision of Corporations lifton Building 61 Executive Center Circle dlahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

STATEMENT OF AUTHORITY

authority;	05.0302(1). Florida Statutes, this limited liability company submits the following statement of the limited liability company is: Secured Investment Funding, LLC
SECOND: The Flori	ida Document Number of the limited liability company is: L11000108601
THIRD: The street a	address of the limited liability company's principal office is:
Altamonte	e Springs, FL 32714
	e Springs, FL 32714 g address of the limited liability company's principal office is: gomery Place
Altamonte	e Springs, FL 32714
position of a person in person on the following. 1. May exe	cute an instrument transferring real property held in the name of the company. Granted to: Gregg Wasserman may execute assignments
	of mortgages, allonges and satisfactions.
h.	No authority granted to: Any other matters.
	ter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to:
ь.	No authority granted to: Any other matters.
ath	I reliebt Nathan Transetti
Signature of authorize	d representative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)