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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Niki Bryan Spas Internation	al, LLC	
SUDJ		Limited Liability Com	pany
Dear S	Sir or Madam:		
The er	nclosed Statement of Authority and fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning this n	natter to the following	:
Ted	Wettstein		
	Name of Person		
Niki	Bryan Spas International, LLC		
	Firm/Company		
7700) Municipal Drive		
	Address		
Orla	ndo, FL 32819		
	City/State and Zip Code		
ted@	marilynmonroespas.com		
	E-mail address: (to be used for future and	nual report notification	n)
For fu	rther information concerning this matter, ple	ease call:	
Ted '	Wettstein	407 at (Area Code	370-9343
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section	Registrati	G ADDRESS: ion Section
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	o section 605.0302(1), Florida Statutes, this limited liability company submits the follow	_
FIRST:	The name of the limited liability company is: Niki Bryan Spas International, LL	.C
SECON	: The Florida Document Number of the limited liability company is:	3
	The street address of the limited liability company's principal office is: 7700 Municipal Drive	
	Orlando, FL 32819	
	The mailing address of the limited liability company's principal office is: 7700 Municipal Drive	
	Orlando, FL 32819	
position	1: This statement of authority grants or sets limitations of authority on all persons having fa person in a company, whether as a member, transferee, manager, officer or otherwise the following: May execute an instrument transferring real property held in the name of the compan	or to a specific
	a. Granted to:	
	b. No authority granted to:	7:07
`.	. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to:	any.
	b. No authority granted to:	
Signatur	Ulen R. Wews of authorized representative ALLEN R u Typed or printed name or	Signature
Jignatur	Filing Fee: \$25.00	. signature

Certified Copy: \$30.00 (optional)

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