

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEE STING PROPERTIES, 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:

KARL A. BURGUNDER

Name of Person

KARL A. BURGUNDER, ATTORNEY AT LAW, P.L.

Firm/Company

1490 SWANSON DR., STE 200

Address

OVIEDO, FL 32765

City/State and Zip Code

karl@cfbizlaw.com

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

For further information concerning this matter, please call:

KARL A. BURGUNDER at (407) 366-3555
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

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: BEE STING PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000111734

THIRD: The street address of the limited liability company's principal office is:
409 WILD OAK CIRCLE
LONGWOOD, FL 32779

The mailing address of the limited liability company's principal office is:
THE SAME

FILED
16 DEC 22 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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.

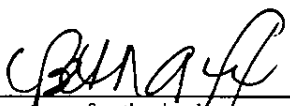
a. Granted to: BETH A. FOX

b. No authority granted to: ANY OTHER PERSON

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

a. Granted to: BETH A. FOX

b. No authority granted to: ANY OTHER PERSON


Signature of authorized representative

BETH A. FOX
Typed or printed name of signature

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

\$55.00