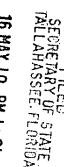
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MAY 11 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KMFX, 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:		
CHRIS WOHIBRANDT Name of Person		
KMFX LLC Firm/Company		
4099 TAMIAMI TRAIL NORTH, STE 200		SEE
Naples Fl 34103 City/State and Zip Code	6 MAY 10 F	AHASSER
Chrisw@ Vgel-lawinet E-mail address: (to be used for future annual report notification)	₩ t: Ot	OF STATE
For further information concerning this matter, please call:		<i></i>

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

KMFX, LLC

a Florida limited liability company

STATEMENT OF AUTHORITY

This Statement of Authority is filed pursuant to § 605.0302 Florida Statutes and provides as follows:

- 1. The name of the Company is KMFX, LLC. The mailing address and the principal address of the Company is: 4099 Tamiami Trail North, Suite 200, Naples, FL 34103.
- 2. Khosrow Moaveni, as Manager, or Chris Wohlbrandt, as Authorized Manager, each individually, have full and complete authority to:
 - a. Execute any instrument to sell, convey and/or transfer real and personal property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.
- 3. The authority of Khosrow Moaveni, as Manager, is not limited.
- 4. The authority of Chris Wohlbrandt, as Authorized Manager, is not limited.

Dated this 26 day of APRIL, 2016.

16 MAY 10 PM 4: 04

SECRETARY OF STATE

K. Moaran
Khosrow Moaveni, Manager

STATE OF FLORIDA COUNTY OF COLLIER

The above and foregoing instrument was acknowledged before me this $\frac{\cancel{C} \cancel{f}}{\cancel{f}}$ day of , 2016, by **Khosrow Moaveni**, who is:

personally known to me

☐ who has produced

as identification.

SUSAN Y. GORDEN
Commission # FF 090860
Expires March 8, 2018
Bonded Thru Troy Fen Insurance 800-385-7019

Notary Public