## L13000042281

(Requestor's Name)					
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## COVER LETTER

TO:	Registration Section Division of Corporations				
OF IPS AND	Bet-ter Holdings LLC				
SUBJE		ted Liability Com	pany	——————————————————————————————————————	
Dear Sir	or Madam:				
The enc	losed Statement of Authority and fee(s) are sul	omitted for filing			
Please r	eturn all correspondence concerning this matte	r to the following	Ç.		
Steve	n Bettinger				
	Name of Person				
	Fi (0	·			
3828	Firm/Company NW 53rd Street				
	Address	<del></del> ,	-		
Boca	Raton, FL 33496				
	City/State and Zip Code		•		
stever	n@swiftlending.com				
	E-mail address: (to be used for future annual	report notificatio	n)	,	
For furt	her information concerning this matter, please	call:		2016 SEC FALL	
Steve	n Bettinger	561	843-0575	CORE DEL	1
***************************************	Name of Person	Area Code	Daytime Telephone	Number 17	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314	P 1: 59 OF STATE EE. FLORIDA	

## STATEMENT OF AUTHORITY

authority		ng statement of	
FIRST:	The name of the limited liability company is: Bet-ter Holdings LLC		
SECON	D: The Florida Document Number of the limited liability company is: L13000042881		
	: The street address of the limited liability company's principal office is: 8 Driftwood Landing Road		
	Gulf Stream, FL 33483		
	The mailing address of the limited liability company's principal office is:		
position	Th: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to:  Steven Bettinger	or to a specific	
	b. No authority granted to:	2016 SEC Talli	
	May enter into other transactions on behalf of, or otherwise act for or bind, the comp     a. Granted to:  Steven Bettinger	DEC -5 P	ור ה
	b. No authority granted to:	STATE FLORIDA	
	James Terlizzi, Man		
Signatu	re of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	i signature	

CR2E138 (2/14)