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COVER LETTER

TO: Registration Section Division of Corporations				
FLORIDA REAL ESTATE INVESTORS FUN	D, L.L.C.			
Name of Limited Liability Comp	pany			
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:				
HINDE RUBENSTEIN				
Name of Person				
LAW OFFICE OF BARRY M. SICKLES, PA.				•
Firm/Company				
10100 W. SAMPLE ROAD, SUITE 404				
Address	=	-·	~>	
CORAL SPRNGS, FL 33065	,	≥ 00 = 00 = 00 > 20	2015 JAN	T
City/State and Zip Code			2 -	Sec.
Hinde@mainstreettitle.com	, 20 10	3,435, 40,435	-6 A	
E-mail address: (to be used for future annual report notification	<u>) </u>	E.S.1	=	Programme A
For further information concerning this matter, please call:		STATE	AH 11: 53	A. 111
HINDE RUBENSTEIN 954at (255-9551			
Name of Person Area Code	Daytime Telephone Numbe	·r		

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority	" ;	•	•	Estate Investors Fu	•	
FIRST:	The name of the l	imited liability company is	s:			-
SECON	D: The Florida Do	ocument Number of the lin	nited liability com	pany is: L1300005751	8	-
	The street addres	s of the limited liability co	ompany's principa			
	Coral Springs	s, FL 33065			-	
	-	ress of the limited liability Sample Road, Suite		pal office is:	-	
	Coral Springs	s, FL 33065			-	
position	of a person in a con in the following: 1. May execute: a. Gran	mpany, whether as a mem	ber, transferee, ma	hority on all persons having mager, officer or otherwise in the name of the compan	or to a specific y.	
	b. No a	outhority granted to:			STORETARY ALLAHASSE	
	a. Gran	to other transactions on be nted to: AFTAB A. CU JL A. CUMBER	chalf of, or otherwi	se act for or bind, the comp	OF STATE FILORIDA	
	b. No a	authority granted to:			-	
	M			AFTAB A. CUMBEF	₹	
Signatur	e of authorized rep	Filing F	Fee: \$25.00 ed Copy: \$30.00 (Typed or printed name o	f signature	

CR2E138 (2/14)