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Florida Department of State
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Fax Number : (850)617-6383

From:

Account Name : BALDY MARTINEZ P.A.
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JS DELTA INVESTMENTS LLC

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From: Baldy Martinez

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JS DELTA INVESTMENTS, 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:

Baldy Martinez, Esq.

Name of Person

Baldy Martinez, P.A.

Firm/Company

1999 S.W. 27th Avenue, 1st Floor

Address

Miami, Florida 33145

City/State and Zip Code

bm@baldylaw.com

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

For further information concerning this matter, please call:

Baldy Martinez, Esq.

Name of Person

at (305)

Area Code

454-5804

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

CR2E138 (2/14)

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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: JS DELTA INVESTMENTS, LLC.

SECOND: The Florida Document Number of the limited liability company is: L13000144093

THIRD: The street address of the limited liability company's principal office is:

10820 S.W. 136th Court

Miami, FL 33186

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

10820 S.W. 136th Court

Miami, FL 33186

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

b. No authority granted to: _____

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

a. Granted to: Fiorela Silva

b. No authority granted to: _____

Signature of Authorized Representative

Jorge N. Silva Martinez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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