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SECRETARY OF STATE
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D. SCOTT MAY 2 2017

COVER LETTER

Division of Corporations						
SUBJECT: EXIT 131, LLC Name of Limbed 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:						
JUSTIN G. CERRATO NATION OF PERSON						
HEAD, MOSS, FULTON & GRIFFIN, P.A.						
1530 BUSINESS CENTER DR. #4						
FLEMING ISLAND, FL 37005. City/State and Zip Code						
Jerrato @ hmfylaw.com E-mail address: (to be used for future affinial report notification)						
For further information concerning this matter, please call:						
Name of Person at 404 541-4530 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

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STATEMENT OF AUTHORITY

authority:	.0302(1), Florida Statules, tils im		•		
FIRST: The name of the	he limited liability company is:	EXIT (:	34 LLC		
SECOND: The Florida	Document Number of the limite	d liability company is:_	L130001	57453	
THIRD: The street add	dress of the limited liability comp	any's principal office is	:		
JA	O NEW BERL	230006			
The mailing of Section 1985	address of the limited liability cor	mpany's principal office	ia:		
JAC	NEW BERL	2223C		•	
FOURTH: This statem position of a person in a person on the following:	ent of authority grants or sets lim company, whether as a member,	itations of authority on i transferee, manager, off	all persons having the sta icer or otherwise or to a	tus or specific	
	te an instrument transferring real		• •		
a. G	ranted to: WANAGE	FR, BUT	WITH		
	MEMBER C	DNSENT			
b. No	o authority granted to:		·		
a. Gr	into other transactions on behalf of	E. BUT W.	ITH_		
	MEMBER C	ENSENT			
	authority granted to:		•		
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May	Sim	M.	tabell D.	Swans	SECK N
signature of authorized re		Typed o	r printed name of signatu		THE REPORT
	Filing Fee: Certified Co	\$25.00 py:-\$30.00 (optional)			SSE Z8
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