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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 17 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GWPV Three, 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:

Marc Kleiner

Name of Person

Kleiner & Cazeau, P.L

Firm/Company

18305 Biscayne Boulevard, Suite 302

Address

Aventura, Florida 33160

City/State and Zip Code

mkleiner@kleinercazeau.com

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

For further information concerning this matter, please call:

Marc Kleiner at (305) 517-1392
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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: **GWPV THREE, LLC**

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

4627 Ponce de Leon Boulevard
Coral Gables, Florida 33146

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

4627 Ponce de Leon Boulevard
Coral Gables, Florida 33146

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THIRD: 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.

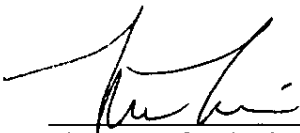
a. Granted to: Adam Walker, Manager

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 : Adam Walker, Manager

b. No authority granted to:



Signature of authorized representative

MARC KLEINER

Typed or printed name of signature