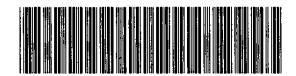
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ZUVA 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:
MONO ZULUCICI  Name of Derson
ZUVA LLC Firm/Company
14951 ROYOL Oake Ln. Apt 1601
NOITH MIUMI/FLUIDO 33181 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MORIO 20100GO at 786 S4305155 Area Code Daytime Telephon Numbers
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Proceeding Tallahassee, Florida 32314 Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority		tement of
FIRST:	The name of the limited liability company is: ZUVA LLC	
SECON	D: The Florida Document Number of the limited liability company is: L1400004	13744
THIRD:	The street address of the limited liability company's principal office is:	
	14951 ROYUL OOKS LN. APT 1601	
	14951 ROYUL OOKS LN. APT 1601 NOTH MIUMI, FL 33181.	
	The mailing address of the limited liability company's principal office is:	
	14951 ROYUL OUKE LN. APT 1601	
	Nonh Miam, FL 33181	
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having the strong a person in a company, whether as a member, transferee, manager, officer or otherwise or to an the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to:   CROCOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOT	specific
	b. No authority granted to:	
	a. Granted to: MORIO COMIO ZULOGO	
	b. No authority granted to:	
<u>Ji</u> Signature	time laufab Liliam laufas Exped or printed name of signa Filing Fee: \$25.00	ture
Signature		ture