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PICK-UP WAIT MAIL						
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ASSESSMENTS APR 0 7 2014

COVER LETTER

Division of Corporations									
Virsocom Ventures, LLC SUBJECT:									
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 m	atter to the following	:							
Rishi Kapoor									
Name of Person									
Virscom Ventures, LLC									
Firm/Company									
2665 S. Bayshore Dr., Suite 1103									
Address									
Miami, FL 33133									
City/State and Zip Code									
rkapoor@virsocom.com									
E-mail address: (to be used for future ann	ual report notification	1)							
For further information concerning this matter, plea	ase call:								
Rishi Kapoor	404 at (449-4931							
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								

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant authority:		tion 60	05.0302(1), Florida	Statutes, this limited	I liability company ocom Ventures		ving stat	ement	of
FIRST:	The n	ame o	f the limited liabilit	ty company is:					
SECONI	D: Th	e Flor	ida Document Num	nber of the limited lis	 ability company is:	L1400004854	7		
			address of the limite Bayshore Dr., S	ed liability company Suite 1103	's principal office is	::			
	Miar	ni, F	L 33133				- -		
			ng address of the lin	nited liability compa Suite 1103	ny's principal office	e is:	-		
-	Miar	mi, F	L 33133				_		
position of person or	of a pe	erson i Ollowi	n a company, whething: ecute an instrument	grants or sets limitat her as a member, trai t transferring real pro ocom Ventures,	nsferee, manager, of	fficer or otherwise	e or to a		
		b.	No authority grant		t, LLC or Lucas	s Sommer	SECRE TALLAH,	14 APR	energy of the second
:	2. N	May er a.		actions on behalf of, socom Ventures			ARY OF STATA	-4 PH 2: 32	
		b.	No authority grant		d, LLC or Lucas	Sommer	- -	ίζ	
A	, •	191				Kapoor			
Signature	of au	ihoriz	ed representative	Filing Fee: Certified Conv	Typed \$25.00 : \$30.00 (optional)	or printed name o	of signat	ure	