

Division of Corporations

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L/400009146

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SIMON & SIGALOS, LLP
Account Number : I19990000176
Phone : (561) 447-0017
Fax Number : (561) 447-0018

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Email Address: MSimon@simonsigalos.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1200NCENTRAL, LLC

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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: IZOONCENTRAL, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000091461

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

400 ANSIN BLVD, SUITE A

HALLANDALE, FL 33009

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

400 ANSIN BLVD, SUITE A

HALLANDALE, FL 33009

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.

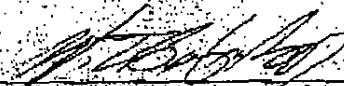
a. Granted to: ZUSIA TENENBAUM, MANAGER OF TRUST
ENTERPRISES HOLDINGS LLC, MANAGER OF
IZOONCENTRAL, LLC

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: _____

b. No authority granted to: _____


 Signature of authorized representative

ZUSIA TENENBAUM

Typed or printed name of signature

Filing Fee: \$25.00
 Certified Copy: \$50.00 (optional)

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