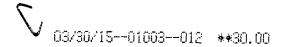
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COVER LETTER

	gistration Section vision of Corporations	•	
CUDIECT.	Realtyfire Investments 7, LLC		
SUBJECT:		ited Liability Comp	any
Dear Sir or l	Madam:		
The enclose	d Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	n all correspondence concerning this matte	er to the following:	
Carol J.	Saxton		
	Name of Person		
TLC Title	e Company of Florida, Inc.		
	Firm/Company		
4801 S L	Jniversity Drive Suite 131		
-	Address		
Davie, Fl	lorida 33328		
	City/State and Zip Code		
csaxton@	tlctitleflorida.com		
E-1	mail address: (to be used for future annual	report notification)
For further i	information concerning this matter, please	call:	
Carol J.	Saxton	954	434-4339
	Name of Person	Area Code	Daytime Telephone Number
Reg Div Cli	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:				
FIRST:	The name of the limited liability company is: Realtyfire Investments 7 LLC			
SECON	D: The Florida Document Number of the limited liability company is: L14000126602			
	The street address of the limited liability company's principal office is: 7745 Dawson Court			
	Lake Worth, FI 33467			
	The mailing address of the limited liability company's principal office is: 7745 Dawson Court			
	Lake Worth, FL 33467			
position	H: This statement of authority grants or sets limitations of authority on all persons having to of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Alan Bias	to a specification of the control of	15 MAR 30	
	b. No authority granted to:	No. of the second secon	AM 7:	3 3 3 3
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compara a. Granted to: Alan Bias	ny.	න ව	
/	b. No authority granted to:			
-A	Nhu Man Bias			
Signatu	re of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signatur e		

CR2E138 (2/14)