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(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Malibu LDR, 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:

Lemise Rony
Name of Person

Malibu LDR, LLC
Firm/Company

1275 SW 20th St.
Address

Boca Raton, FL 33486
City/State and Zip Code

~~malibuapt@gmail.com~~ - malibuaptsponano@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lemise Rony at (310) 266-8659
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(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Malibu LDR, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000131394

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

1275 SW 20th St.
Boca Raton, FL 33486

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

PO Box 812253
Boca Raton, FL 33481

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.

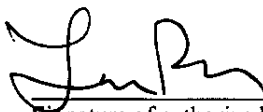
a. Granted to: Manager Lemise Rory Manager Don Rory

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: Manager Lemise Rory Manager Don Rory

b. No authority granted to: _____



Signature of authorized representative

Lemise Rory

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)