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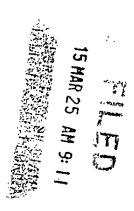
(Re	questor's Name)		
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PłCK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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BARBARA B. GIMENEZ, P.A.

Attorney at Law

7001 Biscayne Boulevard, 2nd Floor Miami, Florida 33138

Telephone: (305) 759-9997 Telefax: (305) 759-9972

March 23, 2015

Florida Department of State REGISTRATION SECTION Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: FJBRF LLC

DOCUMENT NO. L14000149583

Dear Sir or Madam:

Enclosed please find STATEMENT OF AUTHORITY and COVER LETTER for the captioned limited liability company together with check in the sum of \$30 representing your fee of \$25 plus an additional \$5 for a certified copy.

Also enclosed is a photocopy of the form together with a stamped and self addressed envelope for the return of the certified copy.

Please contact me should you have any questions or comments.

Thank you again for your assistance in this matter.

Very truly yours,

Barbara B. Gimenez BARBARA B. GIMENEZ

Enclosure(s) as noted.

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	FJBRF, LLC		
	Name of Limi	ted Liability Comp	pany
Dear Sir	or Madam:		
The encl	osed Statement of Authority and fee(s) are sul	bmitted for filing.	
Please re	turn all correspondence concerning this matte	er to the following:	
BARB	ARA B GIMENEZ		
	Name of Person		
МІМО	TITLE SERVICES LLC		
	Firm/Company		
7001 E	BISCAYNE BOULEVARD 2 FL		
<u></u>	Address		
MIAMI	, FLORIDA 33138		
	City/State and Zip Code		
RHEN	GINEERINGGROUP@GMAIL.CO	М	
	E-mail address: (to be used for future annual	report notification)
For furth	er information concerning this matter, please	call:	
BARB	ARA GIMENEZ	305	759-9997
	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	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the fauthority:	ollowing statement of
FIRST: The name of the limited liability company is:	
SECOND: The Florida Document Number of the limited liability company is: L1400014	9583
THIRD: The street address of the limited liability company's principal office is: 531 NE 76 STREET	
MIAMI, FLORIDA 33138	
The mailing address of the limited liability company's principal office is: 531 NE 76 STREET	
MIAMI, FLORIDA 33138	
FOURTH: This statement of authority grants or sets limitations of authority on all persons by position of a person in a company, whether as a member, transferee, manager, officer or other person on the following: 1. May execute an instrument transferring real property held in the name of the company. 1. ROBERTO L. HERNANDEZ a. Granted to:	mpany.
b. No authority granted to: N/A	25 AM
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: ROBERTO L. HERNANDEZ	44.184
b. No authority granted to: N/A	
ROBERTO L. H Signature of authorized representative ROBERTO L. H Typed or printed na	
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	