

114 000169661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sun Sol Doral, LLC, a Florida limited liability company
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:

Rafael J. Hernandez

Name of Person

SunSol Management Corporation

Firm/Company

5859 American Way

Address

Orlando, FL 32819

City/State and Zip Code

Rafael.Hernandez@mycavas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael J. Hernandez

Name of Person

754

Area Code

245-5212

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Sun Sol Dorat, LLC., a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L14000169661

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

5859 American Way

Orlando, FL 32819

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

5859 American Way

Orlando, FL 32819

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.

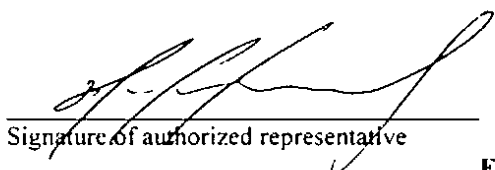
a. Granted to: Rafael J. Hernandez

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: Rafael J. Hernandez

b. No authority granted to: _____


Signature of authorized representative

Rafael J. Hernandez
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL