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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	SUCIERNI LLC		
00001		ited Liability Con	npany
Dear Si	r or Madam:		
The end	closed Statement of Authority and fee(s) are st	ubmitted for filing	, .
Please	return all correspondence concerning this matt	er to the following	g:
JULIE	G COHEN		
	Name of Person		_
STRO	CK & COHEN ZIPPER LAW GROUP PA		
	Firm/Company		_
2900 G	LADES CIR STE 750		
	Address		_
WEST	ON, FL 33327		
	City/State and Zip Code		•
JCOHE	N@STROCKLAW.COM		
_	E-mail address: (to be used for future annua	l report notification	on)
For fur	her information concerning this matter, please	e call;	
JULIE	G COHEN	954 at (659-2220
	Name of Person	Area Code	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 coauthority:	ompany submits the following statement of
FIRST: The name of the limited liability company is:	·
SECOND: The Florida Document Number of the limited liability comp	pany is:
THIRD: The street address of the limited liability company's principal 1565 N PARK DR SUITE 100	office is:
WESTON, FL 33326	
The mailing address of the limited liability company's princip	pal office is:
1565 N PARK DR SUITE 100	
WESTON, FL 33326	
1. May execute an instrument transferring real property held in the second of the seco	L 30 MH:
May enter into other transactions on behalf of, or otherwis a. Granted to: SUSANA CIFUENTES ALVEAR	e act for or bind, the company.
b. No authority granted to:	
Desper Cale Michel	ERNESTO NICKEL GARAICOA SUSANA CIFUENTES FILUEAI
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (o	Typed or printed name of signature ptional)

CR2E138 (2/14)