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(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	SNGB Holdings, LLC		
		mited Liability Comp	pany
Dear Sir	or Madam:		
The encl	osed Statement of Authority and fee(s) are	submitted for filing.	
Please re	turn all correspondence concerning this ma	tter to the following:	
Adam	Klauber		
	Name of Person		
Klaube	er Legal, PA		
	Firm/Company		
8751 V	Vest Broward Boulevard, Suite 4	10	
	Address		
Planta	tion, FL 33324		
	City/State and Zip Code		
aklaub	er@klauberlegal.com		
	E-mail address: (to be used for future annu	al report notification)
For furth	er information concerning this matter, plea	se call:	
Adam	Klauber	954	4249666
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILIN	G ADDRESS:
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division o P.O. Box	of Corporations
	2661 Executive Center Circle		ee. Florida 32314
	Tallahassee, Florida 32301		

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Purşuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following authority:	statement of
FIRST: The name of the limited liability company is: SNGB Holdings, LLC	
SECOND: The Florida Document Number of the limited liability company is:	0.3
FHIRD: The street address of the limited liability company's principal office is: 541 Holy Lane	
Fort Lauderdale, Florida 33317	
The mailing address of the limited liability company's principal office is: 541 Holy Lane	
Fort Lauderdale, Florida 33317	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Simon Berdugo	
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: Simon Berdugo	> c c c c c c c c c c c c c c c c c c c
b. No authority granted to:	
Signature of authorized representative Filing Fee: \$25.00 Certified Conv.: \$30.00 (entional)	nature