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(Red	questor's Name)			
(Add	dress)	,, ———————————————————————————————————		
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COVER LETTER

TO:	Registration Section Division of Corporations	Annual Control	• 1	
SUBJI	PFI 302 Datura LLC		· .	
0000		Limited Liability Com	pany	
Dear S	Sir or Madam:			
The en	closed Statement of Authority and fee(s) ar	e submitted for filing.		
Please	return all correspondence concerning this n	natter to the following	ÿ.	
Zach	ary Preminger			
	Name of Person		•	
PFI 3	302 Datura LLC			
	Firm/Company	<u>-</u>	•	
224 [Datura Street, Suite 700			
	Address		-	
West	t Palm Beach, FL 33401			
	City/State and Zip Code		•	
zprer	minger@premingerinvestments.c	om		
	E-mail address: (to be used for future ann	nual report notification	n)	
For fur	ther information concerning this matter, ple	ease call:		
Zach	ary Preminger	561	400-2475	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS:		NG ADDRESS:	
	Registration Section Division of Corporations		Registration Section Division of Corporations	
	Clifton Building	P.O. Box	P.O. Box 6327	
	2661 Executive Center Circle	Tallahass	Tallahassee, Florida 32314	

CR2E138 (2/14)

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:	605.0302(1), Florida Statutes, this limited liability company submits the foll	owing statement of
FIRST: The name	of the limited liability company is: PFI 302 Datura LLC	
SECOND: The Flo	orida Document Number of the limited liability company is:	'47
THIRD: The street	t address of the limited liability company's principal office is: ura Street	
Suite 70	00	
West Pa	alm Beach, FL 33401	_
	ing address of the limited liability company's principal office is: ura Street	
Suite 70	00	
West Pa	alm Beach, FL 33401	
position of a person person on the follow	xecute an instrument transferring real property held in the name of the comp Preminger Family Investments LLIP and	ise or to a specified P
	Zachary Preminger, Manager	53 Fight
b.	No authority granted to: William P. Jacobson	
2. May e	enter into other transactions on behalf of, or otherwise act for or bind, the con	mpany.
	Zachary Preminger, Manager	_
, b.	No authority granted to: William P. Jacobson	
Signature of authoriz	Zachary Preminge zed representative Typed or printed name	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)