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COVER LETTER

то:	Registration Section Division of Corporations		ı
erin ira	MAYAN TROPICAL HOLI	DINGS LLC	
SUBJE		f Limited Liability Comp	pany
Dear Sir	or Madam:		
The encl	losed Statement of Authority and fee(s)	are submitted for filing.	
Please re	eturn all correspondence concerning this	s matter to the following:	•
Humb	erto L. Rodriguez		
-	Name of Person		1
Gonza	alez & Rodriguez PL		•
-	Firm/Company		
999 P	once De Leon Blvd., Suite 113	35	
	Address	·	
Coral	Gables, FL 33134		
	City/State and Zip Code		
hrodri	guez@gr-law.net		
	E-mail address: (to be used for future a	annual report notification	1)
For furtl	her information concerning this matter,	please call:	•
Humb	erto L Rodriguez	305	461-4880
	Name of Person	Area Code	Dayt ne Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Registrati	G ADDRESS: ion Section of Corporations 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:	tion 605.0302(1). Florida Statutes, this limited liability company submits the following statemer	nt of
FIRST: The	ame of the limited liability company is: MAYAN TROPICAL HOLDINGS LLC	•
SECOND: T	e Florida Document Number of the limited liability company is:	
THIRD: The	street address of the limited liability company's principal office is:	
Mia	mi, FL 33196	F1L-
_	mailing address of the limited liability company's principal office is:	9 84 5: 10
Mia	ni, FL 33196	70
person on the	ollowing: lay execute an instrument transferring real property held in the name of the company. a. Granted to: BEATRICE SALOM	
	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:	
	b. No authority granted to:	
· - DI	Ruben J. Calderuiz	-

Certified Copy: \$30.00 (optional)