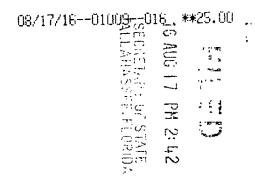
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(Re	equestor's Name)	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	2CR LLC		
эсы.		imited Liability Comp	any
Dear S	ir or Madam:		
The er	closed Statement of Authority and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
Gon	zalo Perez, Jr. Esq.		
	Name of Person		
Gon	zalo Perez, Jr. P.A.		
	Firm/Company		
7915	6 Coral Way		
<del></del>	Address		
Mian	ni, FL 33155		
	City/State and Zip Code		
	E-mail address: (to be used for future ann	ual report notification	)
For fu	rther information concerning this matter, plea	ase call:	
Gon	zalo Perez, Jr. Esq.	305	265-8228
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division ( P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limauthority:	nited liability company submits the following statement of				
FIRST: The name of the limited liability company is: 2	CR LLC				
SECOND: The Florida Document Number of the limited liability company is:					
THIRD: The street address of the limited liability compared to 10701 SW 104 Street	any's principal office is:				
Miami, FL 33176					
The mailing address of the limited liability cor	npany's principal office is:				
Miami, FL 33176					
FOURTH: This statement of authority grants or sets lim position of a person in a company, whether as a member, person on the following:  1. May execute an instrument transferring real  a. Granted to: Fernando Rabell	transferee, manager, officer or otherwise or to a specific property held in the name of the company.				
b. No authority granted to:					
May enter into other transactions on behalf     a. Granted to:  Fernando Rabel	of, or otherwise act for or bind, the company:				
b. No authority granted to:					
	Fernando Rabell				
Signature of authorized representative Filing Fee: Certified Co	Typed or printed name of signature \$25.00 opy: \$30.00 (optional)				

CR2E138 (2/14)