

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seven Eagles, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARAH GULATI

Name of Person

GULATI LAW, P.L.

Firm/Company

479 MONTGOMERY PLACE

Address

ALTAMONTE SPRINGS, FLORIDA 32714

City/State and Zip Code

INFO@GULATILAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH GULATI

Name of Person

407

Area Code

900-5054

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Seven Eagles, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000044491

THIRD: The street address of the limited liability company's principal office is:
1779 Earhart Court
Port Orange, FL 32128

The mailing address of the limited liability company's principal office is:
P.O. Box 829
Windermere, FL 34786

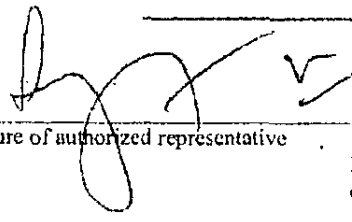
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: Bhupinder Sodhi or Saranjit Sodhi

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: Bhupinder Sodhi or Saranjit Sodhi

b. No authority granted to: _____


Signature of authorized representative

Saranjit Sodhi
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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