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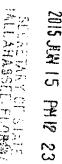
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: SITTUS SKIFF WORKS 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:

Debra S. Strahorn
Name of Person

Sirrus SKiff Works LLC

Firm/Company

2927-74 Aug W

Address

Bradenton FC 34205

City/State and Zip/Code

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

For further information concerning this matter, please call:

De bra Strakon at 941 705-0965

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

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

## STATEMENT OF AUTHORITY

authority:	section 605.0302(1), Florida Statutes, this limited liability company submits the follow	ing sta	tement o	)f
FIRST: T	he name of the limited liability company is: Sirrus SKiff Wor	<u>K</u> 5		
SECOND:	The Florida Document Number of the limited liability company is:	47	908	<u> </u>
THIRD: 1	The street address of the limited liability company's principal office is:  978 5, River Road  ENgle wood, FC 34223			
	The mailing address of the limited liability company's principal office is:			
- -	Bradenton, FL 34205			
position of	This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwise the following:  May execute an instrument transferring real property held in the name of the company a. Granted to:	or to a	specific 2015 JUN 15	
	b. No authority granted to:	でいる。	PH P 23	and the second
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to: Dustin J. Bates	any.		
	b. No authority granted to:			
Signature o	of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	Signal	<u>tra</u>	hori