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COVER LETTER

TO: Registration Section Division of Corporations			
SPANISH2M LLC			
SUBJECT: Name of L	imited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are	submitted for filing.		
Please return all correspondence concerning this m	atter to the following	:	
Brianna Steel			
Name of Person			
Sage Title & Escrow			
Firm/Company			
4241 Northlake Blvd., Suite A			
Address			
Palm Beach Gardens, FL			
City/State and Zip Code			
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter, plea	ise call:		
Brianna Steel	561	721-9686	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section		G ADDRESS:	
Division of Corporations	Division o	Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant authority	t ⁴ to section 605.0302(1), Florida Statutes, this limited liability company submits the followir y:	ng statement of	
FIRST:	The name of the limited liability company is: SPANISH2M LLC		
SECON	D: The Florida Document Number of the limited liability company is: L15000060365	7	
THIRD	: The street address of the limited liability company's principal office is: 300 Bay Colony North, Unit 331		
	Juno Beach, FL 33408		
	The mailing address of the limited liability company's principal office is: 300 Bay Colony North, Unit 331		
	Juno Beach, FL 33408	17 JUL 27 DIKISION OF	n —
FOURT position person o	 This statement of authority grants or sets limitations of authority on all persons having to of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: May execute an instrument transferring real property held in the name of the company. a. Granted to: Paul Santo 	of PH 4: 40	n こっぱて
	b. No authority granted to:		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compara. a. Granted to: Paul Santo	ny.	
	b. No authority granted to:		
	Betsy A. Mailing Typed or printed name of		
ភរដ្ឋអត្តប្រ	re of authorized representative Typed or printed name of s Filing Fee: \$25.00	signature	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)