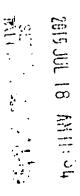
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## COVER LETTER

TO: Registration Section Division of Corporations		
FTT CATERING, 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	natter to the following	:
Mark R. Komray, Esq.		
Name of Person		
Law Offices of Mark R. Komray, Esq.		
Firm/Company		
1882 N. Tamiami Trail #3434		
Address		
Fort Myers, FL 33918		
City/State and Zip Code		
mrk@komraylaw.com		
E-mail address: (to be used for future ann	nual report notification	1)
For further information concerning this matter, ple	ase call:	
Mark R. Komray, Esq.	239	330-2937
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

FIRST: The nam	e of the limited liability company is: FTT CATERING, LLC	<del></del> -
SECOND: The F	lorida Document Number of the limited liability company is: L15000062384	
THIRD: The street	et address of the limited liability company's principal office is: BERMONT ROAD	
PUNTA	GORDA, FL 33982	
The mai 39450 E	ting address of the limited liability company's principal office is:	
PUNTA	GORDA, FL 33982	THE SOUTH AND THE SECOND SECON
erson on the follow	accute an instrument transferring real property held in the name of the company.	tus or, specific
b.	No authority granted to:	
2. May c	nter into other transactions on behalf of, or otherwise act for or bind, the company.  Granted to:  Tiffanle Cooke-Cool, an individual, and as,	
h.	Trustee for Terry J. Cooke Living Trust, June 1, 2018  No authority granted to:	
). Waen	Wanye Kelly, Manager  Ed representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (aptional)	 e

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