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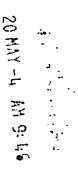
(Requestor's Name)							
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COVER LETTER

TO:	Registration Section					• "	
	Division of Corporations					i.	est.
SUBJ	F <i>С</i> Т·	Portobello I	Propert	ies, LLC			
00120		Name of Lim	nited Lia	ibility Con	npar	ıy	_
Dear S	Sir or Madam:						
The er	nclosed Statement of Authority	and fee(s) are si	ubmitte	d for filing	!.		
Please	return all correspondence conc	erning this matt	ter to th	e followin	g:		20 MAY -4
	Saul Rab	inovich					1
	Name of Per				_		¥.
	Portobello Pro				•••		
	Firm/Compa	ny					
	560 NE	103 ST			_		
	Address						
	Miami, Fl	_ 33138					
	City/State and Zip (Code					
	saulr54@g						
	E-mail address: (to be used	for future annua	il report	notificatio	on)		
For fu	rther information concerning th	iis matter, pleas	e call:				
	Saul Rabinovich		at (786)	286 - 8181	
	Name of Person		7	Area Code		Daytime Telephone Number	
	Mailing Address:				St	reet Address:	
			Registration Section				
	Registration SectionDivision of Corporation	18	Division of Corporations				
	P.O. Box 6327					ne Centre of Tallahassee	
	Tallahassee, FL 32314				24	15 N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

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 liab	lity company is:	Portobello Prop	erties, LLC	
SECON	D: The Florida Document No	unber of the limited liability co	ompany is:	L15000074987	
THIRD:	The street address of the lin	nited liability company's princi	ipal office is:		
	560 N	E 103 ST, Mlami Shores, FL,	33138		
	The mailing address of the	limited liability company's pri	incipal office is:		Kay - H
	560 N	E 103 ST, Miami Shores, FL,	33138		7
					Hir 9: 46
position person of	of a person in a company, who the following: 1. May execute an instrument	ty grants or sets limitations of a ether as a member, transferee, ent transferring real property he lvan Rabi	authority on all personanager, officer or eld in the name of the	ons having the statu otherwise or to a sp	is or
	b. No authority gr	anted to:			
	a. Granted to:	nsactions on behalf of, or other	novich		
		anted to:			
	37)				
Signatur	e of authorized representative	Filing Fee: \$25.0 Certified Copy: \$30.0	00	ed name of signatur	e