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COVER LETTER

TO:	Registration Section Division of Corporations					
SURIE	SUPERIOR HOMES OF CENT	TRAL FLORIC	DA, LLC			
SOBJE		ited Liability Com	pany			
Dear Si	r or Madam:					
The end	closed Statement of Authority and fee(s) are su	bmitted for filing.				
Please 1	return all correspondence concerning this matte	er to the following	:			
Nisha	ad Khan					
	Name of Person					
Nisha	ad Khan PL					
	Firm/Company					
615 E	E. Colonial Drive					
	Address					
Orlan	do, FL 32803			I SE	J,	
	City/State and Zip Code				MON	
nak@	nishadkhanlaw.com			13.55 13.55	<u></u>	
	E-mail address: (to be used for future annual	report notification	n)		7	
For furt	her information concerning this matter, please	call:			άi	
Nisha	ad Khan	407	228-9711	Ç.m	24	
	Name of Person	Area Code	Daytime Telephone	e Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division (P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314			

STATEMENT OF AUTHORITY

authority:	; statement o
FIRST: The name of the limited liability company is:	- ·
CDCCNID THE DIVINE AND ADDRESS OF THE DIVINE	
SECOND: The Florida Document Number of the limited liability company is: L15000090708	
THIRD: The street address of the limited liability company's principal office is: 4437 MANDOLIN BOULEVARD	
WINTER HAVEN, FL 33884	
The mailing address of the limited liability company's principal office is: 4437 MANDOLIN BOULEVARD	
WINTER HAVEN, FL 33884	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or person on the following: 1. May execute an instrument transferring real property held in the name of the company: a. Granted to: HASAN MOUSLI and ZAINA ABBAS	
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: HASAN MOUSLI and ZAINA ABBAS	<i>t</i> .
b. No authority granted to:	
HASAN MOUSLI	
Signature of authorized representative Typed or printed name of si Filing Fee: \$25.00	gnature

Certified Copy: \$30.00 (optional)