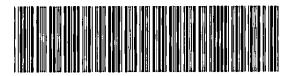
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| • |
| Special Instructions to Filing Officer: |
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Office Use Only



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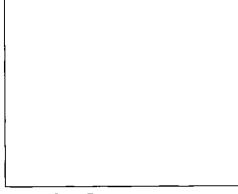
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

GOLDEN SUNNY LLC

CH# 7934 FOR \$25.00

PLEASE FILE THE ATTACHED STATEMENT OF AUTHORITY & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

STATEMENT OF AUTHORITY

| | The name of the limited liability company is: Goldensunny LLC | |
|------|---|-------------|
| | | |
| ECON | D: The Florida Document Number of the limited liability company is: | |
| | : The street address of the limited liability company's principal office is: 5143 LAKEWOOD DRIVE | |
| | COOPER CITY, FL 33330 | |
| | The mailing address of the limited liability company's principal office is: 5143 LAKEWOOD DRIVE | |
| | COOPER CITY, FL 33330 | |
| | of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a on the following: 1 May execute an instrument transferring real property held in the name of the company. | • |
| | a. Granted to: Francisco Jose Thompson Scalamandre | |
| | b. No authority granted to: | |
| | b. No authority granted to: | - - - |
| | b. No authority granted to: | * 17 * . |
| | b. No authority granted to: | - |