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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Wish Florida Properties LLC		
Name of Lir	nited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this man	tter to the following	:
Jennifer Salles-Cunha		
Name of Person		
Wish Florida Properties LLC		
Firm/Company		•
66 Tifton Way N		
Address		
Ponte Vedra Beach, FL 32082		
City/State and Zip Code		
jsallescunha@yahoo.com		
E-mail address: (to be used for future annu	-	n)
For further information concerning this matter, please	se call:	
Jennifer Salles-Cunha	at (904	226-0903
Name of Person	Area Code	Daytime Telephone Number
CTDCTT/COUDIED ADDRESS	34 4 FT TS	NG ADDRESS:
STREET/COURIER ADDRESS: Registration Section		tion Section
Division of Corporations		of Corporations
Clifton Building	P.O. Box	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahas	see, Florida 32314
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STATEMENT OF AUTHORITY

FIRST: The name of the limited liability company is: Wish Florida Properties LLC		
SECOND: The Florida Document Number of the limited liability company is: L15000110994		
THIRD: The street address of the limited liability company's principal office is:		
66 Tifton Way N		
Ponte Vedra Beach, FL 32082		
The mailing address of the limited liability company's principal office is:		
Wish Florida Properties LLC		
66 Tifton Way N		
Ponte Vedra Beach, FL 32082		
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the sposition of a person in a company, whether as a member, transferee, manager, officer or otherwise or to person on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Jennifer Salles-Cunha, Jeannine Wish-Yeko,	a specifi	
James Wish	DEC 17	ं हैं स्थापन
b. No authority granted to: any others	PM 8: 3:	Canada Sanda
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.		
a. Granted to: Jennifer Salles-Cunha, Jeannine Wish-Yeko		
James Wish		
b. No authority granted to: any others		
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	<u>-5 - C</u> , ature	UNHF