

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOMUS 1022, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENE L ARREDONDO
Name of Person

DOMUS 1022, LLC
Firm/Company

1022 CORAL CLUB DR UNIT 1022
Address

CORAL SPRING, FL 33071
City/State and Zip Code

renewarredondo7@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene L Arredondo at (954) 394-0868
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 liability company is: DOMUS 1022, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000162122

THIRD: The street address of the limited liability company's principal office is:
1022 CORAL CLUB DR UNIT 1022
CORAL SPRING, FL 33071

The mailing address of the limited liability company's principal office is:
8848 WEST STATE RD 84 DAVIE, FL 33324

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company:

a. Granted to: Rene Luis Arredondo or Daniela Arbelaez

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

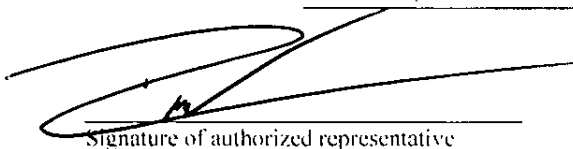
a. Granted to: Rene Luis Arredondo or Daniela Arbelaez

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA

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Signature of authorized representative

Rene Luis Arredondo

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)