## L15000199721

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
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## COVER LETTER

	Registration Section Division of Corporations				
aun in	Delmay 2131, LLC				
SUBJEC		imited Liability Comp	any		
Dear Sir	or Madam:				
		and missed for films			
	osed Statement of Authority and fee(s) are	-			
Please re	eturn all correspondence concerning this m	atter to the following:			
lav E	. Auerbach, Esq.				
—————	<u> </u>				
	Name of Person				
KHAN	I & AUERBACH				
	Firm/Company				
2338 H	Hollywood Blvd.				
	Address				
Hollyw	vood, FL 33020				
	City/State and Zip Code				
jay@h	ollywood-ław.com				
	E-mail address: (to be used for future ann	ual report notification	)		
For furth	ner information concerning this matter, plea	ase call:			
Jay E.	. Auerbach	954	921-1517		
	Name of Person	Area Code	Daytime Telephone Number		
	STREET/COURIER ADDRESS:		G ADDRESS:		
	Registration Section Division of Corporations		Registration Section Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314			

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority	<i>'</i> :			liability company submits the	s tollowing statement of
FIRST:	The name of	of the limited liabilit	ty company is: Deln	nay 2131, LLC	
SECON	D: The Flor	rida Document Num	nber of the limited liab	oility company is: L150001	99721
	The street	address of the limite	ed liability company's	principal office is:	· 
		_	nited liability compan	y's principal office is: D, FL 33020	
position ( person of	of a person in the follow	in a company, whething: ecute an instrument	her as a member, trans	ons of authority on all persons aferee, manager, officer or oth perty held in the name of the o	herwise or to a specific
	b.	No authority grant			JAN-6 AM 9: 4 AHASSEE, FLORE
	2. May e	onter into other transation $\frac{Toc}{Granted}$ to :	actions on behalf of, o	r otherwise act for or bind, th	ie company
	<b>b.</b>	No authority grant	ted to:		
Ja	dd D	elmay—		Todd Delmay	
Signature	e of authoriz	ed representative	Filing Fee: Certified Copy:	Typed or printed \$25.00 \$30.00 (optional)	name of signature