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Firm Title Corporation

14201 W. Sunrise Blvd., #203 Sunrise, FL 33323 Tel. (954) 236-0492 Fax (954) 236-5437

March 4, 2016

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

RE:

Rio Properties Group LLC

File No.:

FT16053

Enclosed please find our check number 1478 in the amount of \$25.00 representing Statement of Authority. If you have any questions or require additional documentation please feel free to contact our office.

Best regards,

Jennifer Rosario

Legal Assistant to Craig Packer, Esq.

/jr

Enclosures (as indicated)

COVER LETTER

Division of Corporations
SUBJECT: RIO DIOPETTIES GIOUP 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:
LIGIN FYANCZ. Name of Person
RIO Proporties Group Firm/Company
5055 NW TH AVE #1
MIAMI FL 33/66 City/State and Zip Code
Christderan, Tea 201. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LIGIA FRANCA at 239 340 50 15. Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follow authority:	ing statement of
FIRST: The name of the limited liability company is: 10 Properties	S Group LL
SECOND: The Florida Document Number of the limited liability company is:	
THIRD: The street address of the limited liability company's principal office is: 5055 NW 74 AUC #1	
MIANI FL 33166	
The mailing address of the limited liability company's principal office is:	
5055 NW 74 AUE #1 MIXMI FL 33166	
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 person on the following:	
May execute an instrument transferring real property held in the name of the compan a. Granted to:	y. 2118
b. No authority granted to:	
π ^π	□ □ □ □
2. May enter into other transactions on behalf of, or otherwise act for or bind, the composition a. Granted to: LIGIA FIGURES	ary.
b. No authority granted to:	
1 1 1	
Signature of authorized representative Typed or printed name o	Flancy f signature
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E138 (2/14)