

116 0000 85679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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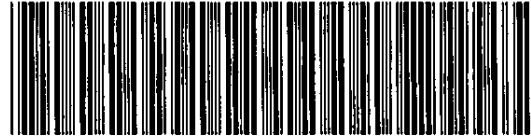
(Business Entity Name)

(Document Number)

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16 MAY 31 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Global Solutions Property Management 1 LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000085679

**THIRD:** The street address of the limited liability company's principal office is:  
10279 SW 144 PL  
MIAMI, FL 33186

The mailing address of the limited liability company's principal office is:  
10279 SW 144 PL  
MIAMI, FL 33186

**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: ALEXANDRA VORBE

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: ALEXANDRA VORBE

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

ALEXANDRA VORBE  
Typed or printed name of signature

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

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STATE OF FLORIDA  
TALLAHASSEE