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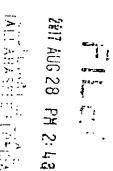
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J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations		
AMERICAN ART CARS LLC		
SUBJECT: Name of L	imited Liability Comp	рапу
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
JOAO PEDRO VOLZ		
Name of Person		
VD&T INTERNATIONAL		
Firm/Company	_	
150 SE 2ND AVE SUITE 505		
Address		
MIAMI, FL 33131		
City/State and Zip Code		
MANAGEMENT@VDTINTERNATION	IAL.COM	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, plea	ase call:	
JOAO PEDRO VOLZ	305	8781516
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority		owing stat	ement o	1
FIRST:	The name of the limited liability company is: AMERICAN ART CARS LLC			
SECON	D: The Florida Document Number of the limited liability company is: L160000888	59		
	The street address of the limited liability company's principal office is: 201 S BISCAYNE BLVD. SUITE 105 MIAMI, FL 33131			
			ZIH AUG	e
	The mailing address of the limited liability company's principal office is: 3802 NE 207 ST APT 2001 AVENTURA, FL 33180	 	NC 28 PM 2: 4	1
position	H: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwing the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: RICARDO RICCO	se or to a		
	b. No authority granted to: ERIK DOUGLAS OLSEN; ROBERTO RICIERI RIBEIRO			
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the cor a. Granted to: RICARDO RICCO	mpany.		
	b. No authority granted to: ERIK DOUGLAS OLSEN; ROBERTO RICIERI RIBEIRO	 		
Po	JOAO PEDRO VO			
Signature	e of authorized representative Typed or printed name Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	of signat	ure	