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(Address)

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JUN 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kativa 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:

JULIE G COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE G COHEN at (**954**) **659-2220**

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

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: Kativa LLC

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

THIRD: The street address of the limited liability company's principal office is:

9100 Atlantic Boulevard, # 631

Coral Springs, FL 33071

The mailing address of the limited liability company's principal office is:

9100 Atlantic Boulevard, # 631

Coral Springs, FL 33071

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: JACQUELINE ALCALDE SEPULVEDA or
ALEJANDRO SANHUEZA PHILIMON

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: JACQUELINE ALCALDE SEPULVEDA or
ALEJANDRO SANHUEZA PHILIMON or IRAMA GODOY

b. No authority granted to: _____

Signature of authorized representative

Jacqueline Alcalde Sepulveda
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Alejandro Sanhueza Philimon

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JUN 27 P 12:25
CLERK OF STATE
TALLAHASSEE, FLORIDA