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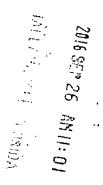
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D. BRUCE SEP 27 2015

COVER LETTER

Division of Corporations				
2411, LLC SUBJECT:				
	ited Liability Com	pany		_
Dear Sir or Madam:			٠	
The enclosed Statement of Authority and fee(s) are su	abmitted for filing.			
Please return all correspondence concerning this matt	er to the following	:		
Kenneth L. Shimm				
Name of Person				
Hollywood Atlantic Real Estate				
Firm/Company				
399 Camino Gardens Blvd, Suite 308				
Address				
Boca Raton, FL 33432				
City/State and Zip Code				
shimmproperties@gmail.com				
E-mail address: (to be used for future annua	l report notification	1)		
For further information concerning this matter, please	e call:			
Kenneth L. Shimm	561	338-4117	2016 TALL	~~
Name of Person	Area Code	Daytime Tele	phone.Number	- V g Historia Giornali
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, Florida 32314	26 P 1:59	

STATEMENT OF AUTHORITY

ursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement outhority: IRST: The name of the limited liability company is: 2411, LLC			
			ECOND: The Florida Document Number of the limited liability company is: <u>L10000177594</u>
HIRD: The street address of the limited 399 Camino Gardens Bl	d liability company's principal office is:		
Boca Raton, FL 33432			
The mailing address of the lim	nited liability company's principal office is:		
OURTH: This statement of authority gosition of a person in a company, whetherson on the following:	grants or sets limitations of authority on all persons having the status or her as a member, transferee, manager, officer or otherwise or to a specific		
May execute an instrument a. Granted to: Kenn	transferring real property held in the name of the company. eth L. Shimm		
b. No authority grant	red to:		
2. May enter into other transa a. Granted to : Ken	nctions on behalf of, or otherwise act for or bind, the company.		
b. No authority grant	ted to:		
	Sawath Shing		
rignature of authorized representative	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		