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COVER LETTER

Division of Corporations	% ***		
GLIMMCO LLC SUBJECT:	en e		
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 ma	tter to the following:		
Roberto Chiantera			
Name of Person			
c/o Orion Investments &Trust Ltd.			
Firm/Company			
25, rue de Chantepoulet			
Address			
1201 Geneva, Switzerland			
City/State and Zip Code			
rchiantera@oriongeneva.com			
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this matter, pleas	ge call:		
Byron M. Brown, Esq.	305 960-8991		
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		

TO: Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the forauthority:	llowing statement of
FIRST: The name of the limited liability company is: GLIMMCO LLC	- ,
SECOND: The Florida Document Number of the limited liability company is: L16000224	259
THIRD: The street address of the limited liability company's principal office is: 200 S. Biscayne Blvd.	
Suite 600	
Miami, Florida 33131	
The mailing address of the limited liability company's principal office is: Same as above	···
FOURTH: This statement of authority grants or sets limitations of authority on all persons har position of a person in a company, whether as a member, transferee, manager, officer or otherw person on the following: 1. May execute an instrument transferring real property held in the name of the community as a member of the community and the set of the community and the set of the community as a member of the community and the set of the community and the set of the community as a member of the community	vise or to a specific
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the contact and to: Roberto Chiantera, as Manager and sole Member	ompany.
b. No authority granted to:	
Roberto Co	hightera
Signature of authorized representative Typed or printed nam Filling Fee: \$25.00 Contified Conv. \$30.00 (ontional)	e of signature