2/7000012114

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SECAE IARY OF STATE

K. SALY JUN 28 2017

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	Rogue One Properties LLC	<u> </u>		
Sonot.e.r.	Name of Limited Liability Company			
Dear Sir or	Madam:			
The enclose	d Statement of Authority and fee(s) a	re submitted for filing.		
Please retur	n all correspondence concerning this i	matter to the following:		
Hitesh I.	Khatri			
	Name of Person			
Rogue O	ne Properties LLC			
	Firm/Company			
1425 Wa	ukon Cir			
	Address			
Casselbe	erry, FL 32707			
	City/State and Zip Code			
krupakha	atri@gmail.com			
E-i	mail address: (to be used for future an	nual report notification)	
For further i	nformation concerning this matter, pl	ease call:		
John E. [Dannel	407	682-8660	
	Name of Person	at () Area Code	Daytime Telephone Number	
Reg Div Clis 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building O Executive Center Circle lahassee, Florida 32301	Registratio Division o P.O. Box (of Corporations	

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limite authority:	-
FIRST: The name of the limited liability company is: Rog	gue One Properties LLC
SECOND: The Florida Document Number of the limited li	lability company is: L17000012114
THIRD: The street address of the limited liability company 217 N Westmonte Dr, Suite 2018	
Altamonte Springs, FL 32714	JUN 23
The mailing address of the limited liability compa	any's principal office is:
Casselberry, FL 32707	
FOURTH: This statement of authority grants or sets limital position of a person in a company, whether as a member, tra person on the following: 1. May execute an instrument transferring real properties. a. Granted to: John E. Dannel or leading to the state of the	insferee, manager, officer or otherwise or to a specific openly held in the name of the company.
b. No authority granted to:	
May enter into other transactions on behalf of, a. Granted to: John E. Dannel of	the state of the s
b. No authority granted to:	
Mhatr's	Hitesh I. Khatri
Signature of authorized representative Filing Fee: Certified Copy	Typed or printed name of signature \$25.00 v: \$30.00 (optional)