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COVER LETTER

TO: Registration Section Division of Corporations Capital Real Estate Professionals, LLC SUBJECT: 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: Christian Marin Name of Person Firm/Company 825 Shell Ln. Address Longwood, FL 32750 City/State and Zip Code cmarin@capitalrepros.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christian Marin Daytime Telephone Number Name of Person

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

TRST: The name of the limite	l liability company is: Capital	near Estate From	######################################
SECOND: The Florida Docum	ent Number of the limited liabili	ty company is: L1700	0058368
	ne limited liability company's p		
Orlando, FL 3283	7		
The mailing address	f the limited liability company's	s principal office is:	
Orlando, FL 3283	7		
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