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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KACHINARE 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:

XIOMARA POLANCO
Name of Person

SANCHEZ VADILLO LLP
Firm/Company

3105 NW 107 AVE, UNIT 103
Address

DORAL, FLORIDA 33172
City/State and Zip Code

CORPORATIONS@SVLAWUS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA POLANCO at (305) 485-9700
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: KACHINARE LLC

SECOND: The Florida Document Number of the limited liability company is: L17000058710

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

11321 NW 88TH TER

DORAL, FL 33178

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

11321 NW 88TH TER

DORAL, FL 33178

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: AKIO JESUS ARAI HIGUERA (only for property 7875 NW 107th Ave, Unit 602, Doral Fl 33178)
   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: ______
   b. No authority granted to: ______

Signature of authorized representative

Yuki Arai

Typed or printed name of signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

CR2E138 (2/14)