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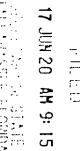
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S. WARREN JUN 2 1 2017

COVER LETTER

Division of Corporations			
Alliance Management (Group, LLC		
	ne of Limited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fe	e(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Cherie Martinez			
Name of Person			
Sage Title & Escrow Services, In	C.		
Firm/Company			
4241 Northlake Blvd., Suite A			
Address			
Palm Beach Gardens, FL 33410			
City/State and Zip Code			
E-mail address: (to be used for futi	ure annual report notification)	
For further information concerning this mat	ter, please call:		
Cherie Martinez	561	721-9686	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	Registrati Division e P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahasse	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

TO:

Registration Section

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: Alliance Management Group, LLC **SECOND:** The Florida Document Number of the limited fiability company is: $\underline{L17000084359}$ THIRD: The street address of the limited liability company's principal office is. 1507 16th Avenue N Lake Worth, FL 33460 The mailing address of the limited liability company's principal office is: 1507 16th Avenue N Lake Worth, FL 33460 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: ____Gustavo A. Guzman b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the companyer a. Granted to: Gustavo A. Guzman b. No authority granted to: Gustavo A. Guzman Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)