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COVER LETTER

TO: Registration Section • Division of Corporations			
NV R.E. HOLDINGS II LLC			
Name of Limited Lia	bility Company		
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are submitted	d for filing.		
Please return all correspondence concerning this matter to the	e following:		
Cristina D. Ramirez			
Name of Person			
NV R.E. HOLDINGS II LLC			
Firm/Company	-		
8850 SW 204 ST			
Address			
Cutler Bay, FL. 33189			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Cristina D. Ramirez)		
	Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
Division of Corporations	Division of Corporations Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	·		

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits that authority:	-
FIRST: The name of the limited liability company is: NV R.E. HOLDINGS II LL	<u>C</u>
SECOND: The Florida Document Number of the limited liability company is: L17000	106116
THIRD: The street address of the limited liability company's principal office is: 8850 SW 204 ST	
Cutler Bay, FL. 33189	
The mailing address of the limited liability company's principal office is: 8850 SW 204 ST	
Cutler Bay, FL. 33189	
FOURTH: This statement of authority grants or sets limitations of authority on all person position of a person in a company, whether as a member, transferee, manager, officer or of person on the following: 1. May execute an instrument transferring real property held in the name of the a. Granted to:	company. Herwise or to a specific
b. No authority granted to:	FLORIDA
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: A	ne company.
b. No authority granted to:	
ustura D. Raming Cristina D. Rar	
Signature of authorized representative Typed or printed Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	name of signature

CR2E138 (2/14)