L17000127123

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COVER LETTER

TO:	Registration Section Division of Corporations			
ern re	Regency Lihto Assets LLC			
SUBJE		imited Liability Comp	pany	
Dear Sir	r or Madam:			
The enc	losed Statement of Authority and fee(s) are	submitted for filing.		
Please r	eturn all correspondence concerning this m	atter to the following:		
Domir	nick Felix			
	Name of Person			
Rege	ncy Lihto Assets LLC dba CashG	Seeks		
	Firm/Company	<u>. </u>		
10151	Deerwood Park Blvd Building 2	00 Suite 250		
	Address			
Jacks	onville, FL 32256			
	City/State and Zip Code			
dom@	gcashgeeks.com			
	E-mail address: (to be used for future ann	ual report notification	n)	
For furt	her information concerning this matter, plea	ase call:		
Domir	nick Felix	904	651-9681	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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: Regency Lihto Assets LLC entry SECOND: The Florida Document Number of the limited liability company is: L17000127123 THIRD: The street address of the limited liability company's principal office is: 10151 Deerwood Park Blvd Building 200 Suite 250 Jacksonville, FL 32256 The mailing address of the limited liability company's principal office is: 10151 Deerwood Park Blvd Building 200 Suite 250 Jacksonville, FL 32256 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: Ariana Valeria Guadiamos Corzo b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. b. No authority granted to: Dominick Felix Typed or printed name of signature Signature of authorized representative

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)