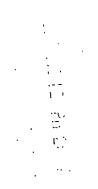
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8/24/21

COVER LETTER

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	gistration Section vision of Corporations		•
SUBJECT:	Regency Litho Assets LLC		
SOBSECT.	Name of L	imited Liability Comp	pany
Dear Sir or l	Madam:		
The enclosed	d Statement of Authority and fee(s) are	submitted for filing.	
Please return	n all correspondence concerning this m	atter to the following:	
Dominick	(Felix		
	Name of Person	· · · · · · · · · · · · · · · · · · ·	
Regency	Litho Assets LLC dba CashG	Geeks	
	Firm/Company		
10151 D	eerwood Park Blvd Building 2	00 Suite 250	
	Address		
Jackson	ville, FL 32256		
	City/State and Zip Code		
dom@ca	ishgeeks.com		
E-1	mail address: (to be used for future ann	ual report notification	1)
For further i	nformation concerning this matter, plea	ase call:	
Dominick	r Felix	904 at (651-9681
	Name of Person	Area Code	Daytime Telephone Number
Reg Div Cli	REET/COURIER ADDRESS: gistration Section rision of Corporations fton Building 61 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	lahassee, Florida 32301	i andiidəs	cc, i fortaa 52514

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 Litho Assets LLC 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: 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: Dominick Felix Signature of authorized representative Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)