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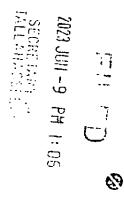
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJECT:	REGENCY LITHO ASSETS LLC
SODJE	Name of Limited Liability Company
Dear Sir	or Madam:
The encl	losed Statement of Authority and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
Meghan	Edwards, Esq.
	Name of Person
Edwards	s & Edwards, PA
	Firm/Company
6620 So	outhpoint Dr S, Suite 200
	Address
Jackson	ville, FL 32216
	City/State and Zip Code
Gonzalo	@cashgeeks.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:

Mailing Address:

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

Name of Person

Street Address:

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

Daytime Telephone Number

Gonzalo Corzo

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: 103 CENTURY 21 DRIVE, STE 100 JACKSONVILLE, FL 32216 The mailing address of the limited liability company's principal office is: 103 CENTURY 21 DRIVE, STE 100 JACKSONVILLE, FL 32216 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:__ No authority granted to: Dominick P. Felix, Sr. May enter into other transactions on behalf of, or otherwise act for or bind, the company, b. No authority granted to: Gonzalo Corzo Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)