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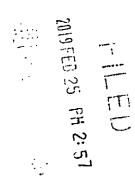
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## **COVER LETTER**

TÓ:	Registration Section Division of Corporations								
CLIBICA	DELUXE RE INVESTMENTS	S, LLC							
SUBJECT: Name of Limited Liability Company									
Dear Sir	or Madam:								
The encl	osed Statement of Authority and fee(s) are	submitted for filing.							
Please re	eturn all correspondence concerning this ma	atter to the following:	:						
SHAU	N GAZZARA								
	Name of Person								
DELUX	XE RE INVESTMENTS, LLC.								
	Firm/Company								
13319	VENNETA WAY								
	Address								
WIND	ERMERE, FL 34786								
	City/State and Zip Code								
spgbiz	10@gmail.com								
	E-mail address: (to be used for future annu	ual report notification	<del>n)</del>						
For furth	ner information concerning this matter, plea	ise call:							
Ana Pa	aula Gazzara	321	682-9775						
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							

## STATEMENT OF AUTHORITY

authority	r:		ida Statutes, this lim			_	tement of
FIRST:	The name of	of the limited lial	oility company is:	ELUXE R	E INVESTMEN	TS, LLC.	<del></del>
SECON	D: The Flor	rida Document N	lumber of the limited	liability cor	npany is: <u></u> L170001	96730	
THIRÐ		address of the lin	mited liability compa /AY	ny`s principa	al office is:		
	WINDER	MERE, FL 3	4786				101
		ng address of the	· limited liability con				2019 FEB 25 PH
	WINDER	MERE, FL 3	4786				五 7.
position	of a person in the follow	in a company, whing: ing: secute an instrum	ity grants or sets liminether as a member, in the set of the set o	transferee, m	anager, officer or of	herwise or to a company.	
	Ь.	No authority g	ranted to:				
	2. May ea		ansactions on behalf SHAUN GAZZAF		rise act for or bind, th	he company.	
	b.	No authority g	ranted to:				
	pur	9			ANA GAZZAR	:A	
Signatur	authoriz	ed representativ	e Filing Fee: Certified Co	\$25.00 py: \$30.00	Typed or printed (optional)	name of signat	ure

CR2E138 (2/14)