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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 Phone : (561)842-3000

Fax Number : (561)842-3626

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STATEMENT OF AUTHORITY

| PIRST: The name of the limited liability company is: 4742 GROVE STREET LLC DECOND: The Florida Document Number of the limited liability company is: L18000009186 | | |
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| | | SECRET SECRET |
| • | dress of the limited liability company's principal office is: ROAD, PALM BEACH, FL 33480 | TARY O |
| | | F STATE |
| osition of a person in a coerson on the following: 1. May execute | of authority grants or sets limitations of authority on all persons has company, whether as a member, transferce, manager, officer or otherward an instrument transferring real property held in the name of the connected to: | wise or to a specific |
| b. No: | authority granted to: sell,mortgage or encumber properti | es |
| | nto other transactions on behalf of, or otherwise act for or bind, the counted to: | company. |
| þa | ank accounts, repair agreements and related matter | 5 |
| b. No | authority granted to: sell,mortgage or encumber propert | ies |
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