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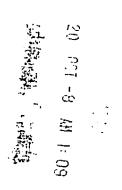
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COVER LETTER

Division of Corporations		·
AMERICAN SOCIAL ORLANDO, LLC		
SUBJECT: Name of Limited	d Liability Comp	ouny
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are subn	nitted for filing.	
Please return all correspondence concerning this matter	to the following:	
JOSEPH P. KLAPHOLZ, Esq.		
Name of Person		
JOSEPH P. KLAPHOLZ, P.A.		
Firm/Company		
7951 S.W. 6th STREET, Suite # 210		
Address		
PLANTATION, FLORIDA 33324		
City/State and Zip Code		
jkłap@klapholzpa.com		
E-mail address: (to be used for future annual re	eport notification	1)
For further information concerning this matter, please co	all:	
	954 at (925-3355
Name of Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

: The Florida Document Number of the limited liability company is: The street address of the limited liability company's principal office is: 335 W. Sand Lake Road, Suite # 101 Orlando, Florida 32819	
335 W. Sand Lake Road, Suite # 101	
Orlando Florida 72810	
namo, Florida 52019	
ort Lauderdale, Florida 33301	
the following:	·
Estate Leases only. b. No authority granted to:	
. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Richard J. Mijares, Anthony Mijares, Jr.	any.
b. No authority granted to:	
nie Mijores LAURIE	NIJAN
	Paul Greenberg the authority to enter into and bind the Company to Real Estate Leases only. b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Richard J. Mijares, Anthony Mijares, Jr.