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€TO:

Registration Section Division of Corporations

G4 PRIME PROPERTIES, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENE SEELER YOUNG, ESQUIRE

Name of Person

LORENE SEELER YOUNG, P.A.

Firm/Company

9124 GRIFFIN ROAD

Address

COOPER CITY, FL 33328

City/State and Zip Code

GIL4@GILHYATT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENE SEELER YOUNG	954	585-3967
	at ()
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 ul c'

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CR2E138 (2/14)

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: _____G4 PRIME PROPERTIES, LLC

ECOND:	The Florida Document Number of the limited liability company is: L18000115506	5	
	he street address of the limited liability company's principal office is: 082 NE 45 STREET		
F	ORT LAUDERDALE, FL 33334		
	The mailing address of the limited liability company's principal office is:	C L NÛ	1
F	ORT LAUDERDALE, FL 33334	\triangleright	11
		90 20	÷
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