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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	SHTEPI DORAL LLC			
SUBJECT	Name of Limit	ted Liability Comp	pany	-
Dear Sir or M	Aadam:			
The enclosed	Statement of Authority and fee(s) are sub	omitted for filing.		
Please return	all correspondence concerning this matte	r to the following:		
TOM RUNY	YAN, ESQ			
	Name of Person			
THE RUNY	AN LAW FIRM PA			
	Firm/Company			
1515 NE 26	TH STREET			۳, ۳
	Address			날*
WILTON M	IANORS, FL 33305			2 (1) (1) (2) (2)
•	City/State and Zip Code			
TOM@RUN	NYANLAWFIRM.COM			-
E-n	nail address: (to be used for future annual	report notification	n)	
For further in	nformation concerning this matter, please	call:		
TOM RUNY	YAN, ESQ	954 at (561-9466	_
-	Name of Person	Area Code	Daytime Telephone Number	_

Mailing Address:

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

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

2022 MAY 11 AM 11: 15

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: SHTEPI DORAL LLC SECOND: The Florida Document Number of the limited liability company is: ______ THIRD: The street address of the limited liability company's principal office is: 1660 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 The mailing address of the limited liability company's principal office is: 1660 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 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: THOMAS E. RUNYAN, JR. b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: ______ THOMAS E. RUNYAN, JR. b. No authority granted to: ______ Eduardo Jorge F de Medeiros dos 24 402 PM BRT SMG ZACAZ VIVILED EDUARDO JORGE F DE MEDEIROS Typed or printed name of signature Signature of authorized representative \$25.00 Filing Fee: Certified Copy: \$30.00 (optional)

CR2E138 (2/14)