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COVER LETTER

TO: Registration Section Division of Corporations				
SDL GROUP LLC				
SUBJECT: Name of Lin	nited Liability Com	pany		
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.			
Please return all correspondence concerning this mat	ter to the following	:		
Elena Diaz				
Name of Person				
Glades Company Services				<u>~</u> =
Firm/Company				
1940 Wilson Street				Z19 CCI 29
Address				
Hollywood, FL 33020				A :
City/State and Zip Code			: -	0 L
ediaz@gladescs.com				
E-mail address: (to be used for future annua	al report notification	1)		
For further information concerning this matter, pleas	e call:			
Elena Diaz	754	423-0558		
Name of Person	Area Code	Daytime Telep	hone Num	iber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrate Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314		

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	
FIRST:	The name of the limited liability company is: SDL GROUP LLC
SECON	D: The Florida Document Number of the limited liability company is:
	The street address of the limited liability company's principal office is: 6175 NW 153rd St, Suite # 224
	MIAMI LAKES, FL 33014
	The mailing address of the limited liability company's principal office is: 1940 Wilson Street
	Hollywood, FL 33020
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific in the following: 1. May execute an instrument transferring real property held in the name of the company: a. Granted to: MANAGER: execute Properties Purchase Agreements and closing documents on behalf of the Company
	b. No authority granted to:sell, transfer, mortgage any asset of the Company
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Agreement
	b. No authority granted to: Managers
Signature	By: GLE LLC GIADIS FUENT DAZ MGR Typed or printed name of signature Filing Fee: \$25.00 PF(eis TERE) AGENT Certified Copy: \$30.00 (optional)