L18000261303

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S. YOUNG



COVER LETTER

	egistration Section ivision of Corporations		
GUD BEZYE	RH 9956 B, LEC		
SUBJECT	:Name o	of Limited Liability Cor	npany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s)	are submitted for filing	<u>.</u>
Please retur	rn all correspondence concerning thi	is matter to the followin	g:
CAROL Z			
	Name of Person		_
ROSEN H	OTELS & RESORTS, INC.		
	Firm/Company		-
4000 DEST	TINATION PARKWAY		
	Address		_
ORLANDO	O. FL 32819		
	City/State and Zip Code		_
CZMUDA(@ROSENHOTELS.COM		
E-	mail address: (to be used for future	annual report notification	on)
For further	information concerning this matter.	please call:	
CAROL Z	MUDA	407	996-9840
-	Name of Person	Area Code	Daytime Telephone Number
	ailing Address:		Street Address:
	egistration Section		Registration Section
	ivision of Corporations		Division of Corporations
Ρ.	O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits th authority: FIRST: The name of the limited liability company is: RH 9956 B, LLC	2
SECOND: The Florida Document Number of the limited liability company is: L18000261	1303
THIRD: The street address of the limited liability company's principal office is: 4000 DESTINATION PARKWAY	
ORLANDO, FL 32819	
The mailing address of the limited liability company's principal office is: 4000 DESTINATION PARKWAY	
ORLANDO, FL 32819	
FOURTH: This statement of authority grants or sets limitations of authority on all person position of a person in a company, whether as a member, transferee, manager, officer or officer or officer on the following: 1. May execute an instrument transferring real property held in the name of the case. HARRIS ROSEN - MANAGER FRANK A. SANTOS - MANAGER	company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: IIARRIS ROSEN - MANAGER FRANK A. SANTOS - MANAGER	ne company.
b. No authority granted to:	
Am Santz FRANK A. SANT	OS - MANAGER
Signature of authorized representative Typed or printed Filing Fee: \$25.00	name of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)