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## COVER LETTER

TO: Registration Section Division of Corporations	<i>i</i> .	
3410 Lejeune, LLC, a Flori	ida limited liability	company
	Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) a	ire submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Gary S. Glasser, Esq.		
Name of Person		
Gary S. Glasser, P.A.		
Firm/Company		
28 W. Flagler Street, Suite 608		
Address		
Miami, FL 33130		
City/State and Zip Code		
gsg50@msn.com		
E-mail address: (to be used for future ar	inual report notification	)
For further information concerning this matter, pl	lease call:	
Gary S. Glasser	305	377-4187
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee. Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liabili authority:	
FIRST: The name of the limited liability company is: 3410 Leje liability company	eune, LLC, a Florida limited
SECOND: The Florida Document Number of the limited liability of	company is: <u>L 19 0000 151</u> 82
THIRD: The street address of the limited liability company's princ 1552 East Gate Way, #128	cipal office is:
Pleasanton, CA 94566	
The mailing address of the limited liability company's pr Gary S. Glaser, P.A.	9 0C ALL
28 W. Flagler Street, Suite 608	716 T
Miami, FL 33130	in To
FOURTH: This statement of authority grants or sets limitations of position of a person in a company, whether as a member, transferee, person on the following:  1. May execute an instrument transferring real property h  a. Granted to: 3410 Lejeune, LLC, a Flo  liability company / JASON AZ	manager, officer or otherwise or to a specific neld in the name of the company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or othe a. Granted to: <u>JASON AZICRI</u>	
b. No authority granted to: \( \frac{\mathcal{N}}{A} \)	
Signature of authorized representative Filing Fee: \$25.0	Typed or printed name of signature
Certified Copy: \$30.0	