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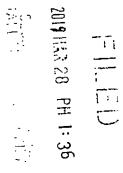
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COVER LETTER

Division of Corporations
SUBJECT: The Spentilish vegan UC 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:
Wicole Honter U Name of Person
Firm/Company
3153 NW 42nd st Address
Mi cimi, FL 33142 City/State and Zip Code
the spanilishuegan 305@ymail. 00m E-mail address (to be used for Juliure annual report notification)
For further information concerning this matter, please call:
Nicole Montero at (305) 721-7575 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Taliahassee, Florida 32314

CR2E138 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

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: The Spangish Vegan LL
SECOND: The Florida Document Number of the limited liability company is: 93 321 4110
THIRD: The street address of the limited liability company's principal office is: 3310 NW 415+ Hi Livi, Fl 33142
The mailing address of the limited liability company's principal office is: 3153 NW HROW ST MICHAIL
FI 33172
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: 11 Cale 11 Other C
b. No authority granted to: Utilissa Guerran 28 1
2 May enter into other transactions on behalf of or otherwise act for or hind, the company
a. Granted to: NICOLE HUNTER a. Granted to:
b. No authority granted to: MCVGGG COUZMAN
Wall Sa Guzzana
Signature of authorized representative Filing Fee: \$25.00 Typed or printed name of signature

Certified Copy: \$30.00 (optional)