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COVER LETTER

TO:		gistration Section rision of Corporations	
SUBJEC	CT.	EPV Hotel, LLC	
		Name of Limited Liability Company	
Dear S	ir or N	Madam:	
The en	closed	d Statement of Authority and fee(s) are submitted for filing.	
Please	return	all correspondence concerning this matter to the following:	
J. Paul	l Rayr	mond	
	 -	Name of Person	
Macfa	rlane	Ferguson & McMullen	
		Firm/Company	
625 C	ourt S	Street, Suite 200	
		Address	
Cleary	vater.	FL 33756	
		City/State and Zip Code	
jpr@n	nacfar	r.com	
	E-r	mail address: (to be used for future annual report notification)	
For tu	rther i	information concerning this matter, please call:	
Cindy	Glare	at ()	
		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

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: SECOND: The Florida Document Number of the limited liability company is: 1.19000019949 THIRD: The street address of the limited liability company's principal office is: 5600 Mariner Street, Suite 140 Tampa, FL 33609 The mailing address of the limited liability company's principal office is: 5600 Mariner Street, Suite 140 Tampa, FL 33609 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the state position of a person in a company, whether as a member, transferee, manager, officer or otherwise 10 a s person on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to:___Ali Wald b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company, Granted to: Ali Wald No authority granted to: Dhyanit Patel Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)