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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRUST PAY CORPORATION
Account Number : 120140000092
Phone : (786) 520-6788
Fax Number : (754) 300-1545

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXP CONSTRUCTION MANAGEMENT LLC**

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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: **EXP CONSTRUCTION MANAGEMENT LLC**

SECOND: The Florida Document Number of the limited liability company is: **L19000154811**

THIRD: The street address of the limited liability company's principal office is:
701 BRICKELL KEY BLVD. UNIT 606
MIAMI, FL 33131

The mailing address of the limited liability company's principal office is:
701 BRICKELL KEY BLVD. UNIT 606
MIAMI, FL 33131

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: **STEPHANIE FISCHER TO SELL, BUY AND LEASE PROPERTIES UPON EMAIL AUTHORIZATION FROM ONE MEMBER.**

b. No authority granted to:



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2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: STEPHANIE FISCHER TO REPRESENT THE COMPANY ON ANY ISSUE REGARDING THE PROPERTIES BEING BOUGHT AND TO MANAGE BANK ACCOUNT OR LOANS ON BEHALF OF THE COMPANY INCLUDING BUT NOT LIMITED TO OPEN/CLOSE ACCOUNTS; ISSUE CHECKS AND PROCESS DOMESTIC AND INTERNATIONAL WIRES.

b. No authority granted to: STEPHANIE FISCHER TO SELL THE COMPANY OR CHANGE THE PARTNER PARTICIPATION ON THE COMPANY.



Signature of authorized representative

FERNANDO A. SCHMIDT ALIAGA

Typed or printed name of signature

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