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TALLAHASSEE, FLORIDA

* COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hobe Sound Farmers Market, LLC 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:
Rene Chriffiah Name of Person
Firm/Company
4260 SE Federal Huy Address
Stourt, FL 34aa7 City/State and Zip Code
<u>renego beaman bouland.</u> Com E-mail address: (to be used for future annual report notification)
For turther information concerning this matter, please call:
Reve Criffith at (772) 541-4106 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 liabi	lity company submits the	following statement of
authority:			_

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The mai	ing address of the limi	ted liability compan	y`s principal offi	ce is:			
<u>~42</u> (00 SE F	ederal	Hun				
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