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(Re	equestor's Name)	
(Ac	ddress)	
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(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	,
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Special Instructions to	Filing Officer.	_

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COVER LETTER

SUBJECT: Luxe Outdoor Living LLC Name of Limited Liability Computy 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: Catherine Rathe Name of Person Luxe Outdoor Living Firm/Company 2201 WAHantic Blud Suitett Address Dompano Blach, FL 330691 City/State and Zip Code Cat Pluxe Outdoor Living com E-mail address: (to be used for future annual report notification)	Division of Corporations	
The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Catherine Rathe Name of Person Luxe Outdoor Living Firm/Company 2201 WAtlantic Blud Suitett Address Pompano Blach, FL 33069 City/State and Zip Code Cat Pluxe Outdoor living com		
Please return all correspondence concerning this matter to the following: Catherine Rathe Name of Person Luxe Outdoor Living Firm/Company 2201 WAHantic Blud Suitett Address Dompano Beach, FL 33069 City/State and Zip Code Cat Pluxe Outdoor living.com	Dear Sir or Madam:	
Catherine Rathe Name of Person Luxe Outdoor Living Firm/Company 2201 WAtlantic Blud Suitett Address Dompano Beach, FL 33064 City/State and Zip Code Cat Pluxe Outdoor living com	The enclosed Statement of Authority and fee(s) are submitted for filing.	
Name of Person Luxe Outdoor Living Firm/Company 2201 WA+lantic Blud Suitett! Address Dompano Beach FL 33069 City/State and Zip Code Cat Pluxe Outdoor Living com	Please return all correspondence concerning this matter to the following:	
Cat Plux e outdoor living com	Name of Person Luxe Outdoor Living Firm/Company	2023 APR 17
Cat Plux e outdoor living com		W. His
	Pomparo Beach, FL 33069 City/State and Zip Code	39 39

For further information concerning this matter, please call:

Catherine Rather at 954, 803-6922

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the follauthority:	lowing statement of
FIRST: The name of the limited liability company is: LUXP OUTOOC L	iving LL
SECOND: The Florida Document Number of the limited liability company is: <u>L2000</u>	0371651
THRD: The street address of the limited liability company's principal office is:	
2701 WAHantic Blud Suite 1	
Pompano Beach, FL 33069	_
The mailing address of the limited liability company's principal office is: 2201 WAHLANTIC BLVO SUITEL Pompano Beach, FL 33069	2023 APR 17 AH 10:
FOURTH: This statement of authority grants or sets limitations of authority on all persons have position of a person in a company, whether as a member, transferee, manager, officer or otherw person on the following:	ving the status of
1. May execute an instrument transferring real property held in the name of the comp	oany.
a. Granted to: <u>latherine</u> <u>kathe</u> ,	<u> </u>
Paul Knapp, John L. Tor	nlinson
b. No authority granted to: <u>ANYONE</u> EISE	
May enter into other transactions on behalf of, or otherwise act for or bind, the co	
O- Housing Rothe	/ /
Daul Knapp, John L. Tomlin	+ TO
2 - 1002 0150	<u>40</u> , ,
b. No authority granted to: UNYOVIE EIST)	
Signature of authorized representative Filing Fee: \$25.00 CATHERIA Typed or printed name	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)