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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 5 Flags Entertainment, 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:	
Mohamed El Mehdi Jaoui	
Firm/Company	
5369 Chumuckla HWY	
Pace, FL 32571 City/State and Zip Code	
FJPROCESS agma: L. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	

Mohamed El Meldi Jaoui at (850) 341-8090
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: 5 FLAGS ENTERTATIVMEN
SECOND: The Florida Document Number of the limited liability company is: L21000055371
THIRD: The street address of the limited liability company's principal office is:  5642 Wood bine vd. Pace FL 32571
The mailing address of the limited liability company's principal office is:  5369 Chumuck La HWY, Pace FL 32571
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: Mohamed Fl Mehdi Jaoui.  Rafael Mata, and Nilesh Kumar Patel
b. No authority granted to: Sean Evic Thompson
a. Granted to: Mohamed El Mehdi Jaoui, 75 3 Rafael Mata, and Nilesh Kuman Patel
b. No authority granted to: Sean Exic Thompson
Signature of authorized representative  Filling Fee: \$25.00  MOHAMED ELMEHDI JAOU  Typed or printed name of signature

Certified Copy: \$30,00 (optional)

CR2E138 (2/14)