L21000189934

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COVER LETTER

	Registration Section Division of Corporations		•
SUBJEC	System4Book, LLC, a Florida limite		
SUBJEC	Name of I	Limited Liability Com	pany
Dear Sir	or Madam;		
The encl	osed Statement of Authority and fee(s) ar	e submitted for filing.	
Please re	urn all correspondence concerning this n	natter to the following	:
Camilo ('aroso		
	Name of Person		
System4	Book, LLC, a Florida limited liability cor	mpany	
	Firm/Company		
2365 NV	70 Avenue, Unit C10		
	Address		
Miami, I	L 33122		
	City/State and Zip Code		
CamiloC	aroso@gmail.com		
	E-mail address: (to be used for future an	nual report notification	1)
For furth	er information concerning this matter, plo	ease call:	
Camilo (Caroso	786 at (6787574
	Name of Person		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 cauthority:	company submits the following statement of
FIRST: The name of the limited liability company is: System4Book.	LLC, a Florida limited liability company
SECOND: The Florida Document Number of the limited liability com	L21000189934
THIRD: The street address of the limited liability company's principa 2365 NW 70 Ave, Unit C10, Miami, Fl 33122	
The mailing address of the limited liability company's princ 2365 NW 70 Ave, Unit C10. Miami, Fl 33122	
FOURTH: This statement of authority grants or sets limitations of aut position of a person in a company, whether as a member, transferee, maperson on the following: 1. May execute an instrument transferring real property held a. Granted to: Camilo Caroso	anager, officer or otherwise or to a specific
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherw a. Granted to: Camilo Caroso	ise act for or bind, the company.
b. No authority granted to:	
Signature of authorized representative Filing Fee: \$25.00	Camilo Caroso Typed or printed name of signature

Certified Copy: \$30.00 (optional)