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PICK-UP	☐ WAIT	MAIL		
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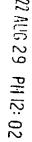
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### COVER LETTER

TO: Registration Section Division of Corporations	
CHDIE	ME SANDY RIVER 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:		
Ania Nguyen		
Name of Person		
WeWork c/o Solar Provider Group		
Firm/Company		
1050 King St W. Suite 03A104		202
Address		2 AUI
Toronto, Ontario M6K 0C7 CANADA		2022 AUG 29 PM I2: 02
City/State and Zip Code		P
dev@solarprovidergroup.com	<u>.</u>	25
E-mail address: (to be used for future annual report notification)	~	02
For further information concerning this matter, please call:		
Simon Courtney +1-416 8927705		
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 FIRST: The name of the limited liability company is: ME SANDY RIVER LLC SECOND: The Florida Document Number of the limited liability company is: 1.22000000443 **THIRD:** The street address of the limited liability company's principal office is: 6267 BAY CLUB DR 4 FT. LAUDERDALE, FL 33308 USA The mailing address of the limited liability company's principal office is: 1050 KING ST W **SUITE 03A 104** TORONTO, ON M6K 0C7 CANADA FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or No 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:\_\_\_\_\_ b. No authority granted to: N/A 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: N/A b. No authority granted to: N/A

Signature of authorized representative

Christian Wentzel

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)