

L22 000 365 951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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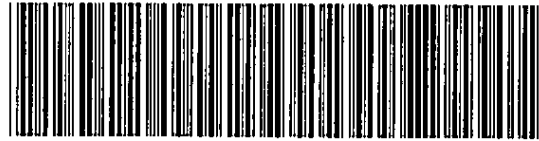
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JFXD TRX ACQ 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:

David C. Tassell, Esq.

Name of Person

Joseph C. Kempe, P.A.

Firm/Company

941 N. Hwy A1A

Address

Jupiter, FL 33477

City/State and Zip Code

dctassell@kempelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David C. Tassell, Esq.

561
at ()

747-7300

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

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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: JFXD TRX ACQ LLC

SECOND: The Florida Document Number of the limited liability company is: L22000365951

THIRD: The street address of the limited liability company's principal office is:

501 Palm Trail

Delray Beach, FL 33843

The mailing address of the limited liability company's principal office is:

501 Palm Trail

Delray Beach, FL 33843

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: _____

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: 1) John "Jack" Daly 2) Metka Daly 3) Randy Hetrick

4) Douglas Greeff

b. No authority granted to: _____


Signature of authorized representative

John "Jack" Daly, Manager of JFXD Capital, LLC, the Manager of JFXD TRX ACQ LLC.
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)