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## & STATEMENT OF AUTHORITY

uthority:		BESTVILLE II	C	
IRST: The na	me of the limited liability of	ompany is: BESTVILLE, LL		
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SECOND: The	Florida Document Numbe	r of the limited liability compa	iny is:	
	reet address of the limited SUNRISE BLVD.	liability company's principal o	office is:	
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2. M	ay enter into other transact	ions on behalf of, or otherwise TIN SHQALSI		2: 17
	b. No authority granted	1 to:		
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