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Γo:

STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ng statem	sent o	ſ	
	The name of the limited liability company is:				
SECON	D: The Florida Document Number of the limited liability company is: L23000404299				
	: The street address of the limited liability company's principal office is: 8050 DE HAVEN ST. ORLANDO, FL 32832				
	The mailing address of the limited liability company's principal office is: 8050 DE HAVEN ST. ORLANDO, FL 32832				
position	TH: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: EVANDRO FASCINA	or to a spe	s or ecific		
2	b. No authority granted to:	, î	িত মা না না		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company a. Granted to:		(O PM	C	
	b. No authority granted to:	30	ວ ວ		
_	EVANDRO FASCINA	والمراجعة			
Signatur	e of authorized representative Typed or printed name of	signature	:		