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(Business Entity Name)			
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Certified Copies	_ Certificates	of Status	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	SAINT JUDE HOLDINGS LLC		
SUBIL	Name of Lim	iited Liability Con	npany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are st	abmitted for filing	
Please	return all correspondence concerning this matt	er to the following	g:
Joseph	Abraham		
	Name of Person		_
Saint J	ude Holdings LLe		
	Firm/Company		-
41061	MPERIAL EAGLE DR		
	Address		_
VALR	ICO, FL 33594		
	City/State and Zip Code		-
vajjose	eph@aol.com		
	E-mail address: (to be used for future annua	l report notification	on)
For fu	ther information concerning this matter, please	e call:	
Joseph	a Abraham	813 at (334-5135
	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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority:		nited liability company submits the following statement of
FIRST: The name o	of the limited liability company is:	SAINT JUDE HOLDINGS LLC
SECOND: The Flor	rida Document Number of the limite	ed liability company is: L24000237137
4106 IMPE	address of the limited liability comp	pany's principal office is:
VALRICO,	, FL 33594	DA SEP -
	ng address of the limited liability co	ompany's principal office is: mitations of authority on all persons having the status or transferee, manager, officer or otherwise or to a specific
VALRICO,	VALRICO, FL 33594	
person on the followi	ing: secute an instrument transferring rea JOSEPH ABRAHAM Granted to:	transferee, manager, officer or otherwise or to a specific all property held in the name of the company.
b.		
2. May er a.	nter into other transactions on behalf Granted to:	If of, or otherwise act for or bind, the company.
b.	No authority granted to:	
Docusigned by:	/ ABRAHAM	JOSEPH ABRAHAM
Signhtureook methoriz	zed representative Filing Fee:	Typed or printed name of signature \$25.00 Sony: \$30.00 (optional)