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COVER LETTER

Division of Corporations	
SUNSHINE LENDERS, LLC SUBJECT:	
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:	
Milton Fuentes, Esq.	
Name of Person	
M. FUENTES & CO.	
Firm/Company	
201 Alhambra Circle, #601	
Address	
Coral Gables, FL 33134	
City/State and Zip Code	
mf@mfuenteslaw.com	
E-mail address: (to be used for future annual report notification)	

STREET/COURIER ADDRESS:

Name of Person

For further information concerning this matter, please call:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

447-1960

Daytime Telephone Number

305

Milton Fuentes

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability authority:	
FIRST: The name of the limited liability company is: SUNSHIN	E LENDERS, LLC
SECOND: The Florida Document Number of the limited liability co	mpany is: L99000005503
THIRD: The street address of the limited liability company's princip 5801 SW 185 WAY	
SOUTHWEST RANCHES, FL 33332	18 JAN 29
The mailing address of the limited liability company's prin	A
SOUTHWEST RANCHES, FL 33332	
FOURTH: This statement of authority grants or sets limitations of a position of a person in a company, whether as a member, transferee, r person on the following: 1. May execute an instrument transferring real property he a. Granted to: Stephen C. Enriquez	nanager, officer or otherwise or to a specific
b. No authority granted to: N/A	
2. May enter into other transactions on behalf of, or other a. Granted to:	wise act for or bind, the company.
b. No authority granted to:	
	Stephen C. Enriquez
Signature fauthorized representative Filing Fee: \$25.00	