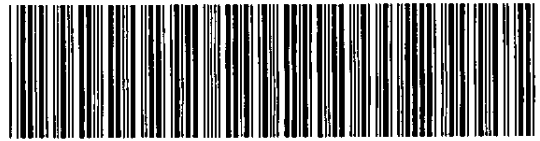


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(Address)

(Address)

(City/State/Zip/Phone #)

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Monticello, FL 850-832-8365

City/State/Zip

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. CPM Builders NA, LLC (Corporation Name) (Document #)
- 2. \_\_\_\_\_ (Corporation Name) (Document #)
- 3. \_\_\_\_\_ (Corporation Name) (Document #)
- 4. \_\_\_\_\_ (Corporation Name) (Document #)
- 5. \_\_\_\_\_ (Corporation Name) (Document #)
- 6. \_\_\_\_\_ (Corporation Name) (Document #)
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CPM Builders NA 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:

Euribiades Cerrud II, Esq.  
Name of Person

The PCB Firm, P.A.  
Firm/Company

219 North Magnolia Avenue  
Address

Orlando, Florida 32801  
City/State and Zip Code

Euri@thePCBFirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Euribiades Cerrud II, Esq. at ( 407 ) 545-5351  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
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

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TALLAHASSEE, FLORIDA

**FILED**

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: CPM Builders NA, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000202577

THIRD: The street address of the limited liability company's principal office is:  
2100 Ponce De Leon Boulevard  
Suite 1260  
Coral Gables, Florida 33134 US

The mailing address of the limited liability company's principal office is:  
2100 Ponce De Leon Boulevard  
Suite 1250  
Coral Gables, Florida 33134 US

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.

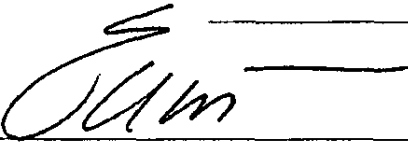
a. Granted to: Francisco G. Arteaga Martinez

b. No authority granted to: Otto Bayona Laboy

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

c. Granted to: Francisco G. Arteaga Martinez and Otto Bayona Laboy

d. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

EURIBIADES CERRUDO, ESQ.  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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