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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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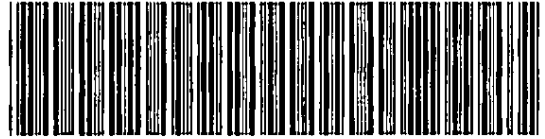
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DHR Roofing 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:

BRYAN D COHEN  
Name of Person

BDC & ASSOC LLC  
Firm/Company

13141 E. TAS OLAS BLVD #1098  
Address

FORT LAUDERDALE, FLA. 33301  
City/State and Zip Code

SR84@ATH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN D. COHEN at (954) 610 9948  
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

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: DHR Roofing HE  
DHR Southern Division LLC

SECOND: The Florida Document Number of the limited liability company is: 622000461640

THIRD: The street address of the limited liability company's principal office is:  
2425 LAKE DR. #5  
Palm Beach, FLA 33404

The mailing address of the limited liability company's principal office is:  
1314 E. LAS OLAS BLVD #42  
GORT LAUDERDALE, FLA 33301

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: BRYAN D COHEN

b. No authority granted to: MARY C WASSONG

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

a. Granted to: BRYAN D. COHEN

b. No authority granted to: MARY C WASSONG

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DEPT. OF REVENUE

Mary Wassong  
Signature of authorized representative

MARY C WASSONG m/m  
Typed or printed name of signatory

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