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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

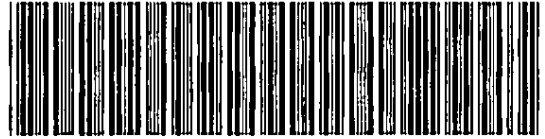
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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

1314 E. TAS OAS 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
FORT 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

Signature of authorized representative

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

Typed or printed name of signatory

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JULIE A. STELL