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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LAKA, LLC Name of	Limited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) a	are submitted for filing.		
Please return all correspondence concerning this	matter to the following	:	
G Albert ∰. Carley			
Name of Person			
LAKA, LLC			
Firm/Company			
1956 West 9th Street			
Address	Note the second		
Riviera Beach, FL 33404			
City/State and Zip Code			
kcarley@aircompressorworks.com			
E-mail address: (to be used for future an	nnual report notification	1)	
For further information concerning this matter, p	lease call:		
Keith Carley	561	844-4559	
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	Registrat Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submauthority:	nits the following statement of
FIRST: The name of the limited liability company is: LAKA, LLC	
SECOND: The Florida Document Number of the limited liability company is:	00005181
THIRD: The street address of the limited liability company's principal office is: 1956 West 9th Street	
Riviera Beach, FL 33404	
The mailing address of the limited liability company's principal office is: 1956 West 9th Street	
Riviera Beach, FL 33404	
FOURTH: This statement of authority grants or sets limitations of authority on all position of a person in a company, whether as a member, transferee, manager, officer person on the following: 1. May execute an instrument transferring real property held in the name of a. Granted to: Keith Carley	of the company.
b. No authority granted to:	AM 8:27 OF STATE E. FLORID;
2. May enter into other transactions on behalf of, or otherwise act for or b a. Granted to: Keith Carley	***
b. No authority granted to:	
Month Jalley Albert G.	
Signature of authorized representative Typed or p Filing Fee: \$25.00 Cortified Conv. \$30.00 (optional)	rinted name of signature