

**W04000013115**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : HUNTON & WILLIAMS  
Account Number : I20000000236  
Phone : (305) 810-2542  
Fax Number : (305) 810-2460

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** mlopezmartinez@hunton.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LEADER GLOBAL SOLUTIONS, LLC**

Certificate of Status	0
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AUG 04 2015

S. YOUNG

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEADER GLOBAL SOLUTIONS, 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:

MARIA LAURA LOPEZ

Name of Person

HUNTON & WILLIAMS LLP

Firm/Company

1111 BRICKELL AVE, SUITE 2500

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

mlopezmartinez@hunton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA LAURA LOPEZ

Name of Person

at (305)

Area Code

536 2705

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

CR2E138 (2/14)

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## 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: LEADER GLOBAL SOLUTIONS, LLC

SECOND: The Florida Document Number of the limited liability company is: L04000013115

THIRD: The street address of the limited liability company's principal office is:

355 ALHAMBRA CIRCLE

SUITE 1201

CORAL GABLES, FL 33134

The mailing address of the limited liability company's principal office is:

355 ALHAMBRA CIRCLE

SUITE 1201

CORAL GABLES, FL 33134

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: Charles Bauer as the Chief Financial Officer

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

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

a. Granted to: Charles Bauer as the Chief Financial Officer

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

  
Signature of authorized representative

Jose A. Gonzalez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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