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COVER LETTER

TO: Registration Section Division of Corporations	•	,	
SEM POWER LLC SUBJECT:			
	of Limited Liability Con	mpany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are submitted for filing	ļ.	
Please return all correspondence concerning th	is matter to the following	g:	
BRETT L EMES			
Name of Person		_	7977
SEM POWER LLC			
Firm/Company		-	√⊃
4466 EAGLE FALLS PL			,
Address		_	 T.
TAMPA FL 33619			
City/State and Zip Code	,		
Brett@sempower.com			
E-mail address: (to be used for future	annual report notification	nn)	
For further information concerning this matter,	please call:		
Brett Emes	813 at (477-8486	
Name of Person	Area Code	Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 8	310

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: SEM POWER LLC SECOND: The Florida Document Number of the limited liability company is:______ THIRD: The street address of the limited liability company's principal office is: 4466 EAGLE FALLS PL TAMPA FL 33619 The mailing address of the limited liability company's principal office is: 4466 EAGLE FALLS PL TAMPA FL 33619 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: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to:_____ b. No authority granted to: <u>JAMES HELMS</u> Brett L Emes Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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