L11000045668

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COVER LETTER

Div	rision of Corporations				
SUBJECT:	19 Dandelion Watercolor LLC				
Name of Limited Liability Company					
Dear Sir or I	Madam:				
The enclosed	d Statement of Authority and fee(s) are sul	omitted for filing.			
Please return	all correspondence concerning this matte	r to the following:	:		
JoAnn Ha	abbas			326 (177) (177) (347) (
	Name of Person	-		কুট্ট কেন্ট্ৰ	
	Firm/Company			inia Imag €≯ayi	
13455 No	oel Road, Suite 2300				
	Address				
Dallas, T	X 75240				
	City/State and Zip Code	·			
jhabbas@	Prisktheory.com				
E-1	mail address: (to be used for future annual	report notification	n)		
For further i	nformation concerning this matter, please	call:			
JoAnn H	abbas	469	310-9200		
	Name of Person	Area Code	Daytime Telephone Nu	mber	
Rep Div Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle clahassee, Florida 32301	Registrati Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 ice, Florida 32314		

CR2E138 (2/14)

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limit authority:				
FIRST: The name of the limited liability company is: 19 Dandelion Watercolor LLC				
SECOND: The Florida Document Number of the limited	liability company is: L11000045668			
TRIRD: The street address of the limited liability compa	any's principal office is:			
Suite 2300	数: -2			
Dallas, TX 75240				
The mailing address of the limited liability com P.O. Box 25243	* 10			
Dallas, TX 75225				
FOURTH: This statement of authority grants or sets limi position of a person in a company, whether as a member, t person on the following: 1. May execute an instrument transferring real parameters as a member, to the following: a. Granted to: Bryan Wilburn	transferee, manager, officer or otherwise or to a specific			
b. No authority granted to:				
May enter into other transactions on behalf of a. Granted to: Bryan Wilburn	of, or otherwise act for or bind, the company.			
b. No authority granted to:				
2 (b)	Bryan Wilburn			
Signature of authorized representative Filing Fee: Certified Co	Typed or printed name of signature \$25.00 py: \$30.00 (optional)			

CR2E138 (2/14)