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FILEU 2014 JAN 27 PH 3: 54 SECRETARY OF STATE

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T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

New World International Imports, 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:

Carol Gardner

Name of Person

Mark R. Hall, P.A.

Firm/Company

124 Faulkner St.

Address

New Smyrna Beach FL 32168

City/State and Zip Code

carol@mhallpa.com

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

For further information concerning this matter, please call:

Carol Gardner

.386

423-1221

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

| FIRST: | The name of the limited liability company is: KHS Development, LLC | | |
|----------|---|--------------------------------------|-----|
| | L1300 | 0 105511 | 0 |
| SECON | D: The street address of the limited liability company's principal office is: 2036 Guava Drive | | |
| | Edgewater FL 32141 | | |
| | The mailing address of the limited liability company's principal office is: 2036 Guava Drive | | |
| | Edgewater FL 32141 | • | |
| position | 2: This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the compana. Granted to: Kevin L. Wray | or to a specific | |
| | b. No authority granted to: any other member | 2014 JAN 27 SECRETAR TALLAHASS | FIL |
| | 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: Kevin L. Wray | NAY OF STATE | ED |
| | b. No authority granted to: any other member | - P | |
| Signatu | re of authorized representative Levin L. U Typed or printed name of | Can of signature | |

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)