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JAN 3 0 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

Subject. 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

authority			
FIRST:	The name of the limited liability company is: New World International Im	nports, LL(144577	<u> </u>
SECON	ID: The street address of the limited liability company's principal office is: 107 Magnolia St.	<u> </u>	
	New Smyrna Beach FL 32168	-	
	The mailing address of the limited liability company's principal office is: 107 Magnolia St.		
	New Smyrna Beach FL 32168	_	
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 TALLAHA	\neg
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: Kevin L. Wray	N27 PM 3:	ILED
	b. No authority granted to: any other member	ATE ATE	
Signatu	lin Jane Whan Kevin L. W. re of authorized representative) Typed or printed name of	Cay of signature	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)