## \*L14000000264

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Powder Pros, LLC	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Jim Farah	
(Contact Person)	<del></del>
The Farah Law Group	
(Firm/Company)	
6550 St. Augustine Road, Suite 103	
(Address)	
Jacksonville, Florida 32217	
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
Jim Farah 904	443-0060
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid   \$\bigsep\$ \$25 Filing Fee	da Department of State for: iling Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the authority:	e following statement of
FIRST: The name of the limited liability company is: Power Pros, LLC	
SECOND: The Florida Document Number of the limited liability company is:	00264
FHIRD: The street address of the limited liability company's principal office is: 4949-1 Sunbeam Road	
Jacksonville, Florida 32257	
The mailing address of the limited liability company's principal office is: 4949-1 Sunbeam Road	MINON 26 PA W. S. PALE
Jacksonville, Florida 32257	SEE TO PA
oosition of a person in a company, whether as a member, transferee, manager, officer or otherson on the following:  1. May execute an instrument transferring real property held in the name of the case.  a. Granted to: Austin Smith and Harris Snodgrass	company.
b. No authority granted to: N/A	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to:  Austin Smith and Harris Snodgrass	ne company.
b. No authority granted to: N/A	
Austin Smith	
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	name of signature