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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BUSS &PR 2 1 2014

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
CHRIE	FLORIDA CONTRACTORS	GROUP LLC					
SUBJE	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Statement of Authority and fee(s) are	submitted for filing.					
Please	return all correspondence concerning this ma	atter to the following	:				
Erik N	И. Hughes						
	Name of Person						
FLOF	RIDA CONTRACTORS GROUP L	LC					
	Firm/Company						
1285	HOLLOW BROOK LANE						
	Address						
MALA	ABAR, FL 32950						
<u> </u>	City/State and Zip Code						
Erik.h	nughes@rocketmail.com						
	E-mail address: (to be used for future annu	al report notification	n)				
For furt	her information concerning this matter, plea	se call:					
Erik N	Л. Hughes	321	684-0444				
	Name of Person	Area Code	Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327					

Tallahassee, Florida 32314

CR2E138 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

TO:

## 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: FLORIDA CONTRACTORS GROUP LLC				
	D E			ity company is: L14000048	769
SECON	D: The Flo	rida Document Nun	nber of the limited liabil	ity company is:	
THIRD			ed liability company's p		
	1285 HC	DLLOW BROO	KLANE MALABA	R, FL 32950	<u></u>
					ALL 8E 14
					APR
					ASS.
			mited liability company		7 <b>7 7 7</b>
	1285 HC	DLLOW BROO	KLANE MALABA	R, FL 32950	PH 4:34 SFSTATE SFLORID
					L: 31 TATE ORID
	-				
	<ol> <li>May example a.</li> <li>b.</li> </ol>	Granted to: Erik	M. Hughes	rty held in the name of the com	
	2. May e	nter into other trans  Granted to:		otherwise act for or bind, the co	ompany.
	b.	No authority gran	ted to:		_
	X/	7			
<del>/</del>	<u> </u>	·	- And Processing	Erick M. Hughes	
Signatur	e of authoriz	red representative	Filing Fee: S Certified Copy: S	Typed or printed nan 25.00 30.00 (optional)	ne of signature

CR2E138 (2/14)