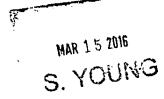
(Re	equestor's Name)			
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	STREET/COURIER ADDRESS: Registration Section		IG ADDRESS: ion Section	
	Name of Person	Area Code	Daytime Telephone Number	
Patric	k B. Casey	239 at (498-6999	_
For furth	ner information concerning this matter, ple	ase call:		
-	E-mail address: (to be used for future ann	nual report notification	1)	
patrick	c@caseylawoffice.com			18
	City/State and Zip Code			1.
Bonita	Springs, FL 34133			PH
	Address			→
P.O. E	Box 2527			16 MAR IL PH
	Firm/Company			<u> </u>
Casey	Law Group, P.L.			
	Name of Person			
Patric	k B. Casey, J.D., CPA			
Please re	eturn all correspondence concerning this m	natter to the following	:	
The encl	osed Statement of Authority and fee(s) are	e submitted for filing.		
Dear Sir	or Madam:			
	Name of L	imited Liability Com	pany	_
SUBJEC	M1 International, LLC			
TÕ:	Registration Section Division of Corporations			

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liab authority:	pility company submits the following statement of
FIRST: The name of the limited liability company is: M1 Inte	ernational, LLC
SECOND: The Florida Document Number of the limited liability	y company is: L15000100670
THIRD: The street address of the limited liability company's pri 2076 NE 121 Road	
North Miami, FL 33181	16 HAR
The mailing address of the limited liability company's P.O. Box 848	<u> </u>
Bridgeport, WV 26330	
FOURTH: This statement of authority grants or sets limitations of position of a person in a company, whether as a member, transfero person on the following: 1. May execute an instrument transferring real property a. Granted to:	y held in the name of the company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or ot a. Granted to: Douglas E. Griffith or C	therwise act for or bind, the company.
b. No authority granted to:	
x May /	Douglas E. Griffith
Signature of sufforized representative Filing Fee: \$2: Certified Copy: \$3	Typed or printed name of signature 5.00 (optional)

