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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MPHARM, LLC

CK# 2286

Signature _____

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STATEMENT OF AUTHORITY
OF
MPHARM, LLC

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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:
MPHARM, LLC

SECOND: The street address and mailing address of the limited liability company's principal office is:

2 Eagle Lane
Palm Harbor, Florida 34683

THIRD: This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

1. May execute an instrument transferring real property held in the name of the Company:


a. Granted to: Cynthia Lawrence
f/k/a Cynthia Kimsey

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the Company:

a. Granted to: Cynthia Lawrence
f/k/a Cynthia Kimsey

b. No authority granted to: N/A


Cynthia Lawrence
f/k/a Cynthia Kimsey, Manager