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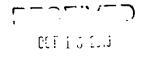
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: Reyco Contracting Solutions, L.	LC	
OOM		ted Liability Compa	ny
Dear Sir o	or Madam:		
The encle	osed Statement of Authority and fee(s) are sul	bmitted for filing.	
Please ret	urn all correspondence concerning this matte	r to the following:	
	V. 7 15		
	Virna L. Reynoso Name of Person		
	Reyco Contracting Solutions, LLC Firm/Company		
	2172 W. Nine Mile Road Suite 19 Address	98	
	Pensacola, Florida 32524 City/State and Zip Code		
	E-mail address: (to be used for future annual	·	
For furthe	er information concerning this matter, please		673-0/7/ Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
l I	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Registration	Corporations

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

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: _ Reyco Contracting Solutions, LLC SECOND: The Florida Document Number of the limited liability company is: 116000207888 **THIRD:** The street address of the limited liability company's principal office is: 2172 W. Nine Mile Road, Suite 198 Pensacola, Florida 32524 The mailing address of the limited liability company's principal office is: 2172 W. Nine Mile Road, Suite 198 Pensacola, Florida 32524 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Virna L. Reynoso, as Manager b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Virna L. Reynoso, as Manager b. No authority granted to: Signature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)