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## COVER LETTER

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COVER LETTER	
TO: Registration Section Division of Corporations	E. 30
NEWLIFE PROPERTIES, LLC SUBJECT:	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Fuwen Tao	
Name of Person	
Firm/Company	
7680 UNIVERSAL BLVD SUITE 565	
Address	
ORLANDO, FL 32819	
City/State and Zip Code	
taofuwen888888@126.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call;	

STREET/COURIER ADDRESS:

Name of Person

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

477-4559

Daytime Telephone Number

407

Area Code

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

William C. Voight, II

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement cauthority:  FIRST: The name of the limited liability company is:  NEWLIFE PROPERTIES, LLC  SECOND: The Florida Document Number of the limited liability company is:  L19000156249		
	SE SE	
The mailing address of the limited habitity com 7680 UNIVERSAL BLVD SUITE 565		
ORLANDO EL 32819		
person on the following:  1. May execute an instrument transferring real p  a. Granted to: Dongsheng Yu	property held in the name of the company.	
May enter into other transactions on behalf of a. Gramed to:    Dongsheng Yu		
b. No authority granted to:		
Jum Ju	Fuwen Tao	
Signature of authorized representative Filing Fee: Certified Cop	Typed or printed name of signature \$25.00 by: \$30.00 (optional)	