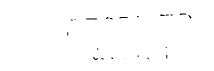
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COVER LETTER

TO: Registration Section Division of Corporations

MOUNTAIN MINERALS LLC SUBJECT:		•
Name of Li	imited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
CESAR GRIJALVA		
Name of Person		
MOUNTAIN MINERALS LLC		
Firm/Company		
66 W FLAGLER ST, SUITE 900		
Address		
MIAMI, FLORIDA 33130		
City/State and Zip Code		
LAND@MOUNTAINMINERALSLLC.COM		
E-mail address: (to be used for future annu	ual report notification	
For further information concerning this matter, plea	se call:	
ED HELMS	786 at ()	297-8584
Name of Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liability company submit/:	its the following statemer	it of
FIRST:	The name of the limited liability company is: MOUNTAIN MINERALS LL	.C	
SECON	D: The Florida Document Number of the limited liability company is:	00217252	
THIRD:	: The street address of the limited liability company's principal office is: 66 W FLAGLER STREET, SUITE 900		
	MIAMI, FLORIDA 33130		
	The mailing address of the limited liability company's principal office is: 66 W FLAGLER STREET, SUITE 900		
	MIAMI, FLORIDA 33130		
position	 H: This statement of authority grants or sets limitations of authority on all person in a company, whether as a member, transferee, manager, officer on the following: 1. May execute an instrument transferring real property held in the name of a. Granted to: MATTHEW SIMPSON 	or otherwise or to a speci	
	b. No authority granted to: N/A	RY ON SEA	
	May enter into other transactions on behalf of, or otherwise act for or bit a. Granted to: MATTHEW SIMPSON	ind, the company.	
	b. No authority granted to: N/A		
66	ED HELMS		_
Signatur	re of authorized representative Typed or pr Filing Fee: \$25.00 Certified Conv.: \$30.00 (optional)	inted name of signature	