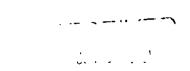
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## COVER LETTER

Registration Section

TO:

Division of Corporations		•
MOUNTAIN MINERALS LLC SUBJECT:		
Name of Lin	nited Liability Cor	npany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing	<u>?</u> .
Please return all correspondence concerning this mat	tter to the following	g:
ŒSAR GRUALVA		
Name of Person		_
MOUNTAIN MINERALS LLC		
Firm/Company		_
6 W FLAGLER ST, SUITE 900		
Address		_
MIAMI, FLORIDA 33130		
City/State and Zip Code		-
.AND@MOUNTAINMINERALSLLC.COM		
E-mail address: (to be used for future annua	al report notification	on)
or further information concerning this matter, pleas	se call:	
ED HELMS	786 at (	297-8584
Name of Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	liability company submits the following statement of
FIRST: The name of the limited liability company is: MOU	NTAIN MINERALS LLC
SECOND: The Florida Document Number of the limited lia	bility company is:
THIRD: The street address of the limited liability company' 66 W FLAGLER STREET, SUITE 900	
MIAMI, FLORIDA 33130	
The mailing address of the limited liability comparents of W FLAGLER STREET, SUITE 900	ny's principal office is:
MIAMI, FLORIDA 33130	
FOURTH: This statement of authority grants or sets limitati position of a person in a company, whether as a member, transperson on the following:  1. May execute an instrument transferring real pro  CESAR GRIJALVA	sferce, manager, officer or otherwise or to a specific perty held in the name of the company.
a. Granted to: CESAR GRIJALVA  b. No authority granted to: N/A	TJUN 2
2. May enter into other transactions on behalf of, a. Granted to: CESAR GRIJALVA	
b. No authority granted to: N/A	
CALL	EÐ HELMS
Signature of authorized representative  Filing Fee:  Certified Copy:	Typed or printed name of signature \$25.00 \$30.00 (optional)

CR2E138 (2/14)