# L21 000 295 295

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#### COVER LETTER

TO: Registration Section Division of Corporations		
Freedom Land Capital, LLC SUBJECT:		
	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s	s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Quinn McArthur		
Name of Person		
Apex Capital LLC		
Firm/Company	<del></del>	
2497 Lake Baldwin Lane		1072 OCT -7 SECRE (S.R.) TALLAHA
Address		
Orlando, FL 32814		Sec 3
City/State and Zip Code		E.S. S. S.
Quinn@apexcapitalre.com		
E-mail address: (to be used for future	annual report notification)	
For further information concerning this matter,	please call;	
Kyle Killeen	407 488-1225	
Name of Person	Area Code Daytime Telepho	ne 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

CR2E138 (2/14)

### STATEMENT OF AUTHORITY

authority:			bility company submits the foll	owing statement of
FIRST: The name	of the limited liability	company is: Freedom	Land Capital, LLC	
SECOND: The Fl	orida Document Numbe	er of the limited liabili	ty company is: L21000295295	
	t address of the limited E BALDWIN LANE	liability company's pr	incipal office is:	
ORLAND	O. FL 32814			<u> </u>
	ing address of the limit	ed liability company's	principal office is:	_
CHANDL	ER, AZ 85249	-		<del>-</del>
position of a person person on the follov	in a company, whether ging: xecute an instrument tra	as a member, transfer	of authority on all persons have ee, manager, officer or otherwi y held in the name of the compa ability company	se or to a specific
b.	No authority granted			tal 🛑
2. May c	onter into other transacti Granted to : AKAS DBA "Empower Tra	LLC, a Texas limited l	herwise act for or bind, the conliability company	 npany. 
b.	No authority granted	10:		<b>-</b> -
Chann Medrihar  Estation Medrihar  Estation of authority		_	Quinn McArthur	
orgnature of authorn	ed representative	Filing Fee: \$25 Certified Copy: \$30	Typed or printed name 5.00 (optional)	of signature