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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

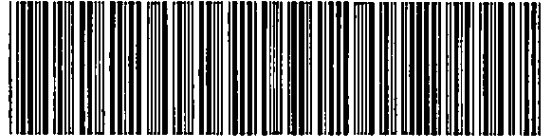
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Land Surveyors LLC

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:

Mitchell Lowery

Name of Person

Professional Land Surveyors LLC

Firm/Company

317 Grassdale Road

Address

Cartersville, GA 30120

City/State and Zip Code

mitch@lasurveys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlin Lowery

770

542-8643

at (_____) _____

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

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TALLAHASSEE, FL

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: Professional Land Surveyors, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000239545

THIRD: The street address of the limited liability company's principal office is:

317 Grassdale Road

Cartersville, GA 30120

The mailing address of the limited liability company's principal office is:

317 Grassdale Road

Cartersville, GA 30120

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: Mitchell Lowery, Chris Lewis, Jason Burnette

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Mitchell Lowery, Chris Lewis, Jason Burnette

b. No authority granted to: _____

Caitlin R. Lowery
Signature of authorized representative

Caitlin Lowery

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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CLASH, FL