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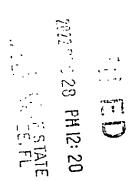
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Don Charlies Detailing L.L.C. 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: |
| Carios B Carlos JR Name of Person |
| Don Charlies Detailing Firm/Company |
| 5237 Red Cedar drive AD+ 23 Address |
| Fort myers FL 33907 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Caclos B. Caclos R at (239) 214-4610 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 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: Dog Charlies Metailing C.L.C. SECOND: The Florida Document Number of the limited liability company is: 12200486859 **THIRD:** The street address of the limited liability company's principal office is: 5237 Red Cedar drive APX 23 Fort Myers FL 33907 The mailing address of the limited liability company's principal office is: TUTIONS WAY ART 421 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: Caclos, R. Caslos TR b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Carlos B. Carlos JR b. No authority granted to:

Signature of authorized representative

Carlos B. Carlos TR
Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)