

L11000071593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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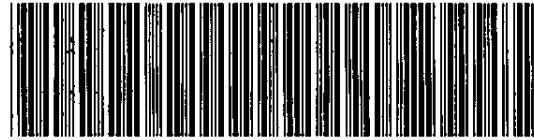
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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MAR 08 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 339 NICHOLSON LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE SAWBRIDGE  
Name of Person

40 SANDBROOK CAPITAL  
Firm/Company

31 SEWERTHY ROAD SOUTHART  
Address

MERSEYSIDE, UK. PR8 2NS  
City/State and Zip Code

mikesawbridge@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE SAWBRIDGE at ( 011 44 ) 1704 582206  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: 339 NICHOLSON LLC

SECOND: The Florida Document Number of the limited liability company is: 46 - 2564227

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

TAX & BUSINESS SOLUTIONS  
1020 W. INTERNATIONAL SPEEDWAY SUITE 202  
DAYTONA BEACH, FLORIDA FL 32114

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

AS ABOVE

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: MIKE SAUBRIDGE

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: MIKE SAUBRIDGE

b. No authority granted to: \_\_\_\_\_

[Signature]  
Signature of authorized representative

WILLIAM KELLY  
Typed or printed name of signature

PRESIDENT OF  
SANDBROOK CAPITAL IBC

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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