

L12000102772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

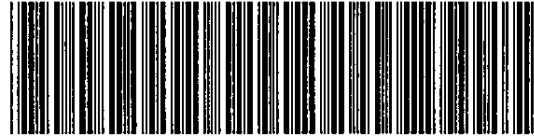
(Business Entity Name)

(Document Number)

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DEC 23 2016

Y SULKER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Schuler Investments, 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:

Shawn Schuler

Name of Person

Schuler Investments, LLC

Firm/Company

20000 Belaire Drive

Address

Cutter Bay, FL 33189

City/State and Zip Code

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

For further information concerning this matter, please call:

Shawn Schuler

Name of Person

at (305) 720-8033

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: Schuler Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: 37-1698942

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

20000 Belaire Drive  
Cutter Bay, Fl 33189

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

20000 Belaire Drive  
Cutter Bay, Fl 33189

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or a specified person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Shawn Schuler &  
Jaime Lynn Conley

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: Shawn Schuler & Jaime  
Lynn Conley

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

RECEIVED  
DECEMBER 22 PM 3:40  
CLERK OF COUNTY OF ST. JOHNS  
TALLAHASSEE, FLORIDA

[Signature]  
Signature of authorized representative

Shawn Schuler  
Typed or printed name of signature

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