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COVER LETTER

TO:	Registration Section Division of Corporations		
	Swag Robot, LLC		
SUBJ		nited Liability Com	npany
Dear S	Sir or Madam:		
The en	nclosed Statement of Authority and fee(s) are s	ubmitted for filing	
Please	return all correspondence concerning this mat	ter to the following	3:
Chri	stopher Dominguez		
	Name of Person		-
Swa	g Robot, LLC		
	Firm/Company		-
2413	3 Kilgore Street		
	Address		-
Orla	indo, FL 32803		
	City/State and Zip Code		_
chris	s@swagrobot.com		
	E-mail address: (to be used for future annu-	al report notification	on)
For fu	urther information concerning this matter, pleas	e call:	
Chri	istopher Dominguez	321	223-3523
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:		NG ADDRESS:
	Registration Section	Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority FIRST:	The name of the limited liability company is:	.c	
SECON	D: The Florida Document Number of the limited liability company	L14000064889	
THIRD:	: The street address of the limited liability company's principal offi 2413 Kilgore Street	ce is:	
	Orlando, FL 32803		
	The mailing address of the limited liability company's principal of 2413 Kilgore Street	office is:	
	Orlando, FL 32803		
position	 Th: This statement of authority grants or sets limitations of authority of a person in a company, whether as a member, transferee, managed on the following: May execute an instrument transferring real property held in the John Katez a. Granted to: 	er, officer or otherwise or to a	
	b. No authority granted to:		
	May enter into other transactions on behalf of, or otherwise ac John Katez a. Granted to:	inger fry Tigens	14 HAY 19
	b. No authority granted to:	F COATE	* 10.51
H	h Jeny Ch	ristopher Dominguez	
Signatur	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (opti	pped or printed name of signa	ture