L15000 143712

| | 1.26 | | | | |
|---|----------------|--|--|--|--|
| (Requestor's Nar | ne) | | | | |
| | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| . (Address) | | | | | |
| (1001000) | | | | | |
| | | | | | |
| (City/State/Zip/Pt | none #) | | | | |
| | | | | | |
| PICK-UP WAIT | MAIL | | | | |
| | <u></u> | | | | |
| | | | | | |
| (Business Entity | Name) | | | | |
| | | | | | |
| | | | | | |
| (Document Num | ber) | | | | |
| | | | | | |
| Certified Copies Certific | ates of Status | | | | |
| | | | | | |
| | | | | | |
| Special Instructions to Filing Officer. | | | | | |
| Special mediations to 1 ming Smeet. | | | | | |
| ļ | | | | | |
| | | | | | |
| | , | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



100287083931

06/22/16--01020--005 **\$5.00

MIN JUN 22 P 12: 07

"JUN 23 2013)
BRUCE



Attorneys: Matt Mathews* Shannon L. Mathews**

John C. Davis, Of Counsel**

 Civil Law (International) Notary ** Licensed to practice in FL & GA

June 21, 2016

Via Federal Express 7834 1218 5002

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE:

New Karma, LLC; Document No. L15000143712

Statement of Authority

Dear Registrar:

Enclosed for filing is a Statement of Authority for the above-referenced entity, along with our firm's operating account check number 9383 in the amount of \$55.00, for the filing fee and certified copy. After filing, please provide us with a certified copy to be returned to us in the enclosed prepaid Federal Express envelope.

Please let us know if you have any questions.

Sincerely,

Florida Registered Paralegal / La

//cbb Enclosures

COVER LETTER

| Division of Corp | porations | | | | | | |
|--|---------------------------------|---------|---|------|--------------|------------------|--|
| SUBJECT: | NEW | / KAF | RMA, LLC | | | | |
| SUBJECT. | Name of Lir | mited | Liability Comp | any | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Statement of | of Authority and fee(s) are s | submit | ted for filing. | | | | |
| Please return all correspo | indence concerning this mat | iter to | the following: | | | | |
| MATT MATHE | WS, ATTORNEY AT | LAV | ٧ | | | | |
| | Name of Person | | | | | | |
| MATHEV | VS LAW FIRM, P. A. | | | | | | |
| | Firm/Company | | | | | | |
| 277 PI | NEWOOD DRIVE | | | | | | |
| | Address | - | | | | | |
| TALLAHASS | SEE, FLORIDA 3230 | 3 | | | | | |
| City/St | ate and Zip Code | | | | | | |
| m2@r | mathewslawfirm.com | | | | | | |
| E-mail address: | (to be used for future annua | al repo | ort notification) |) | | | |
| For further information c | oncerning this matter, pleas | e call: | | | | | |
| Matt Mathews, Atto | orney at Law | at (| 850 | | 681-930 |)3 | |
| Name o | of Person | _ ** (| Area Code | Dayt | ime Telephon | e Nümber 2016 JU | |
| STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo | porations 3 Center Circle | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |

TO:

Registration Section ,

STATEMENT OF AUTHORITY

| authority | : | ed liability company submits the following statement of |
|-----------|--|---|
| FIRST: | The name of the limited liability company is: | NEW KARMA, LLC |
| SECON | D: The Florida Document Number of the limited li | iability company is: |
| THIRD: | The street address of the limited liability company | y's principal office is: |
| | TALLAHASSEE, FLORIDA 32312 | |
| | The mailing address of the limited liability comp | pany's principal office is: |
| | TALLAHASSEE, FLORIDA 32312 | |
| | of a person in a company, whether as a member, transfer the following: 1. May execute an instrument transferring real properties a. Granted to: LEWIS SHELLEY | Y, MANAGER |
| | b. No authority granted to: | SEDIA PARISEENT |
| | May enter into other transactions on behalf of a. Granted to: | f, or otherwise act for or bind, the company |
| | b. No authority granted to: | |
| Signatur | e of authorized representative | LEWIS SHELLEY Typed or printed name of signature JAMES ADAM SHELLEY |
| Signatur | e of authorized representative // Filing Fee: Certified Cop | Typed or printed name of signature \$25.00 by: \$30.00 (optional) |

CR2E138 (2/14)