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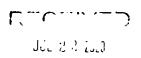
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COVER LETTER

Div	ision of Corporations		
SUBJECT:	Schooner Oaks Investments LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company		
Dear Sir or M	Madam:		
The enclosed	d Statement of Authority and fee(s)	are submitted for filing	ş.
lease return	all correspondence concerning this	s matter to the followin	ह:
Kathleen Ge	oldstein		
	Name of Person		_
Schooner O	aks investments LLC		
	Firm/Company		_
299 N. Rive	erside Drive, Unit 706		
	Address		
Pompano B	each, FL 33062		
	City/State and Zip Code		_
kgold0127@	gemail.com		
E-r	nail address: (to be used for future a	annual report notification	on)
For further is	nformation concerning this matter, p	please call:	
David Roy		954 at (784-2961
	Name of Person	Area Code	Daytime Telephone Number
Mi	ailing Address:		Street Address:
Re	gistration Section		Registration Section
	vision of Corporations		Division of Corporations
P.(D. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

TO: Registration Section

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: Schooner Oaks Investments LLC SECOND: The Florida Document Number of the limited liability company is: 418000190922 THIRD: The street address of the limited liability company's principal office is: 299 N. Riverside Drive, Unit 706 Pompano Beach, FL 33062 The mailing address of the limited liability company's principal office is: 299 N. Riverside Drive, Unit 706 Pompano Beach, FL 33062 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. 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 : _____ Douglas C. Armstrong b. No authority granted to: Kathleen Goldstein Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)