

L020000011252

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(Address)

(Address)

(City/State/Zip/Phone #)

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B. BOSTICK

APR - 2 2014

EX-111

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medlock 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:

**Shirley Medlock**

Name of Person

**Medlock Investments, LLC**

Firm/Company

**P.O. Box 49016**

Address

**Sarasota, Fl. 34230-6016**

City/State and Zip Code

**jandsmedlock@aol.com**

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

For further information concerning this matter, please call:

**Shirley Medlock**

Name of Person

at (

**941**

Area Code

**371-6520**

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: Medlock Investments, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L02000011252

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

1330 Main St., Ste. 9

Sarasota, Fl. 34236-5634

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

P.O. Box 49016

Sarasota, Fl. 34230-6016

**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: Jesse Medlock  
Shirley Medlock

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: Jesse Medlock  
Shirley Medlock

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

  
Signature of authorized representative

Shirley Medlock  
Typed or printed name of signature

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