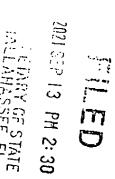
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	1

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## COVER LETTER

	gistration Section vision of Corporations		
	LARK PHOTO & FRAMING LLC		
SUBJECT:	Name of Limite	d Liability Com	рапу
Dear Sir or l	Madam:		
The enclose	d Statement of Authority and fee(s) are subr	nitted for filing.	
Please return	n all correspondence concerning this matter	to the following	ţ;
LUCY SCF	IULTZ, CO-MANAGER		
	Name of Person		-
LARK PHO	OTO & FRAMING LLC		
•••	Firm/Company	= .	-
102 WEST	REYNOLDS STREET, SUITE 101		
	Address		-
PLANT CI	TY, FLORIDA 33563		
	City/State and Zip Code		-
larkpf@out	llook.com		
E-	mail address: (to be used for future annual r	eport notificatio	n)
For further	information concerning this matter, please c	all:	
Steven L. S		813 at (	759-1444
	Name of Person	Area Code	Daytime Telephone Number
	ailing Address:		Street Address:
	egistration Section		Registration Section
	ivision of Corporations O. Box 6327		Division of Corporations The Centre of Tallahassee
r.	O. DOX 0347		The Colline of Tallanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following sy:	tateme	nt of
FIRST:	The name of the limited liability company is: LARK PHOTO & FRAMING LLC		
SECON	ID: The Florida Document Number of the limited liability company is:		
THIRD	: The street address of the limited liability company's principal office is: 102 WEST REYNOLDS STREET		
	SUITE 101		
	PLANT CITY, FLORIDA 33563		
	The mailing address of the limited liability company's principal office is:  102 WEST REYNOLDS STREET		
	SUITE 101		
	PLANT CITY, FLORIDA 33563		
person	b. No authority granted to:  LYUDMILA A. "LUCY" SCHULTZ, AS CO-MANAGER	2021 SEP 13 PM 2: 30	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company		
	a. Granted to:		
	b. No authority granted to:		
<u> </u>	TARSHALLS MARK W. SCHULTZ	. <u>.</u>	
Signatu	re of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	nature	

CR2E138 (2/14)