L08000073664

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations		
Sharp Design Studio, LLC SUBJECT:		
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following	:
Donald Sharp		
Name of Person		
Sharp Design Studio, LLC		
Firm/Company		
12100 Race Track Rd, Suite Q1		
Address		
Tampa, FL 33626		
City/State and Zip Code		
dsharp@sharpdesignstudio.com		
E-mail address: (to be used for future annu	al report notification	1)
For further information concerning this matter, please	se call:	
Donald Sharp	813	408-8404
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	GG ADDRESS: ion Section of Corporations 6327 see, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:	mited liability company submits the following statement of
FIRST: The name of the limited liability company is:	Sharp Design Studio LLC
SECOND: The Florida Document Number of the limite	ed liability company is: L08000073664
THIRD: The street address of the limited liability comp 12916 Framingham Court	
Tampa, FL 33626	
The mailing address of the limited liability co	empany's principal office is:
Suite Q1	
Tampa, FL 33626	
person on the following:	
b. No authority granted to: Diego F	71 20
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: Diego F	H. Duran, Michael Kramer
Camba My	Danald Share
Signature of authorized representative	Donald Sharp Typed or printed name of signature
Filing Fee:	\$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)