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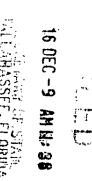
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Y SULKER

COVER LETTER

Div	vision of Corporations		
SUBJECT:	GAULER & ASSOCIATES, L	LC	
	Name of Li	mited Liability Com	pany
Dear Sir or l	Madam:		
The enclose	d Statement of Authority and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following	:
Scott Ko	/al		
	Name of Person		
Florida C	ounseling and Evaluation Ser	vices	
	Firm/Company	· ·	
6950 Phi	lips Highway, Suite 11		
	Address		
Jacksonv	ville, FL 32216		
 	City/State and Zip Code		
information	on@flces.com		
E-1	mail address: (to be used for future annu	ual report notification	1)
For further i	nformation concerning this matter, plea	ise call:	
Scott Ko	val .	904 at (549-7503
	Name of Person	Area Code	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

TO:

Registration Section

STATEMENT OF AUTHORITY

authority	:		ed hability company submits the follow	_	ient of
FIRST:	The name of the limited liabilit	y company is: GA	AULER & ASSOCIATES, LLC		
SECON	D: The Florida Document Num	ber of the limited	liability company is:	9	
	The street address of the limit 6950 Philips Highway, \$	ed liability compar	y's principal office is:	-	
	The mailing address of the lir	•		-	
position	of a person in a company, whether the following: 1. May execute an instrument	her as a member, to	ations of authority on all persons havin ransferee, manager, officer or otherwise property held in the name of the compar	er to a sp	Fific
	b. No authority gran	ted to: Andy Ga	nuler	AH He 38	general contraction of the contr
	•		of, or otherwise act for or bind, the comp	pany. -	
	b. No authority gran	led to: Andy Ga	uler	- - -	
Signatur	12/1/10	<u> </u>	Scott Koval Typed or printed name of	of signatur	
7		Filing Fee:	\$25.00		

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)