

L10000 127351

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200262640002

08/08/14--01004--004 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG -8 PM 4:14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Student Business Services Co-Op of Gainesville, 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:

Christopher D. Smith

Name of Person

Co-Op Management Services of Florida, LLC

Firm/Company

5391 Lakewood Ranch Blvd. N., Ste. 203

Address

Sarasota, FL 34240-8617

City/State and Zip Code

smith@chrissmith.com

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

For further information concerning this matter, please call:

Christopher D. Smith

at ( 941 ) 202-2222

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2014

CHRISTOPHER D SMITH  
5391 LAKEWOOD RANCH BLVD N STE 203  
SARASOTA, FL 34240-8617

SUBJECT: STUDENT BUSINESS SERVICES CO-OP OF GAINESVILLE, LLC  
Ref. Number: L10000127351

We have received your document for STUDENT BUSINESS SERVICES CO-OP OF GAINESVILLE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 114A00016310

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG - 8 PM 4: 14

**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: Student Business Services Co-op of  
Gainesville, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000127351

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

140 Northwest 6th Street

Gainesville, FL 32601

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

140 Northwest 6th Street

Gainesville, FL 32601

**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.

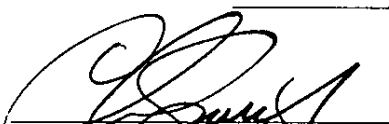
a. Granted to: Co-Op Management Services of Florida, LLC

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: Co-Op Management Services of Florida, LLC

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

  
\_\_\_\_\_  
Signature of authorized representative

Christopher D. Smith

Typed or printed name of signature

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG -8 PM 4:14