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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 05 2016

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**MERIDETH C. NAGEL, ESQ.**  
OWNER

**JIMMY D. CRAWFORD, ESQ.**  
OF COUNSEL

**RICHARD H. LANGLEY, ESQ.**  
OF COUNSEL

**JENNIFER ISAKSEN, ESQ.**  
OF COUNSEL

February 1, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Drashman Enterprises, LLC – Statement of Authority

To Whom It May Concern:

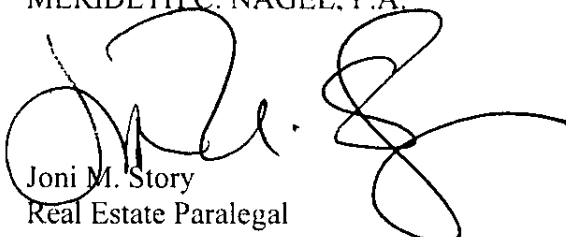
Enclosed please find our check number 46460 for \$25.00 for the filing fee for the Statement of Authority for Drashman Enterprises, LLC, a Florida limited liability company.

If you have any questions regarding the foregoing, please do not hesitate to contact our office.

Thank you for your assistance.

Respectfully Submitted,

MERIDETH C. NAGEL, P.A.



Joni M. Story  
Real Estate Paralegal  
Licensed Title Agent

**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: Drashman Enterprises, LLC

**SECOND:** The Florida Document Number of the limited liability company is: 45-4590692

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

4 Edenton Court

Ocoee, Florida 34761

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

4 Edenton Court

Ocoee, Florida 34761

**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.

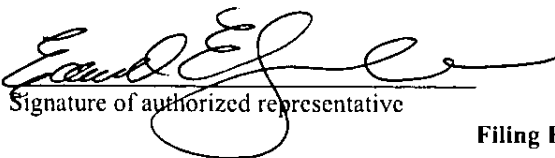
a. Granted to: Edward E. Gamble and/or  
Wanda D. Gamble, individually or collectively

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

2. May enter into other transactions on behalf of, or otherwise act for or bind, \_\_\_\_\_ company.

a. Granted to: Edward E. Gamble and/or  
Wanda D. Gamble, individually or collectively

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

  
Signature of authorized representative

Edward E. Gamble

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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