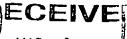
L12000026466

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

SAHIL INVESTMENTS, L	LC		
SUBJECT: N	ame of Limited Liability Con	npany	
Dear Sir or Madam:	•		
The enclosed Statement of Authority and	fee(s) are submitted for filing		
	_		
Please return all correspondence concerni	ng this matter to the following	5.	
ROBERT YURKOWSKI			
Name of Person		-	
MARK R. HALL, P.A.			
Firm/Company		_	
124 FAULKNER STREET			
Address	· · · · · · · · · · · · · · · · · · ·	-	
NEW SMYRNA BEACH, FL 32168			
City/State and Zip Code	;	-	
ROBERT@MHALLPA.COM			
E-mail address: (to be used for fi	uture annual report notificatio	n)	
For further information concerning this ma	atter, please call:		
ROBERT YURKOWSKI	386	423-1221	
Name of Person	at (at Code	Daytime Telephone Nun	nbe

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority:	nited liability company submits the following statement of GAHIL INVESTMENTS, LLC
FIRST: The name of the limited liability company is: $\underline{\underline{S}}$	
SECOND: The Florida Document Number of the limite	d liability company is: L12000026466
THIRD: The street address of the limited liability comp 6956 VINTAGE LANE	any's principal office is:
PORT ORANGE, FL 32128	
The mailing address of the limited liability con	mpany's principal office is:
PORT ORANGE, FL 32128	PH 5: 00
FOURTH: This statement of authority grants or sets limposition of a person in a company, whether as a member, person on the following: 1. May execute an instrument transferring real a. Granted to: BRANSON L. WRAY	transferee, manager, officer or otherwise or to a specific property held in the name of the company.
b. No authority granted to: ANY OT	HER MEMBER
2. May enter into other transactions on behalf a. Granted to:	f of, or otherwise act for or bind, the company.
b. No authority granted to:	HER MEMBER
For hy	BRANSON L. WRAY
Signature of authorized representative Filing Fee:	Typed or printed name of signature \$25.00