

L12000057980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 14 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Student Business Services Co-Op of Sarasota, 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 941 202-2222
Name of Person at () 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 SARASOTA, LLC
Ref. Number: L12000057980

We have received your document for STUDENT BUSINESS SERVICES CO-OP OF SARASOTA, 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: 614A00016309

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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
Sarasota, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000057980

THIRD: The street address of the limited liability company's principal office is:
500 Tallevast Road, Suite 102
Sarasota, FL 34243

The mailing address of the limited liability company's principal office is:
500 Tallevast Road, Suite 102
Sarasota, FL 34243

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.

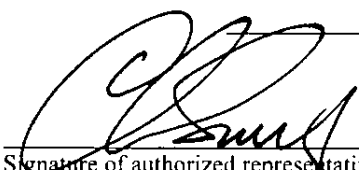
a. Granted to: Co-Op Management Services of Florida, LLC

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)

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