# L13000018675

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700272349247

05/14/15--01008--023 \*\*55.00

15 HAY I 4 PH 2: 06
SECRETARY OF STATE
TAIL ARASSIF FLORIDA

RM 202.5

T. HAMPTON

## CRAMER, PRICE & de ARMAS, P.A.

ATTORNEYS AT LAW

#### 1411 EDGEWATER DRIVE, SUITE 200 ORLANDO, FLORIDA 32804

CHARLES W. CRAMER\*
R. DAVID de ARMAS
STEPHEN H. PRICE
CARRIE L. GALBRAITH\*\*
CHAD A. SHIMEL

(407) 843-3300 FAX (407) 843-6300 www.cramerprice.com

\*ALSO ADMITTED IN GEORGIA

\*\*ALSO ADMITTED IN WASHINGTON, D.C.

OF COUNSEL: PHILIP A. THARP 1939-2003

May 12, 2015

Registration Section
Division of Corporations
Clifton Building
Post Office Box 6327
Tallahassee, FL 32314

Re:

Sharp Investments, LLC

CPD File reference: 15155

#### To Whom It May Concern:

Please find enclosed our firm check in the amount of \$55.00 representing payment for filing a Statement of Authority for Sharp Investments, LLC, and one (1) certified copy of the Statement. Also enclosed is a return envelope for your convenience.

Please return the certified copy of the Statement of Authority back to this office.

Thank you for your assistance and cooperation in this matter. If you have any questions, please contact us.

Yours very truly,

Donna R. Sawyer, A.L.S.

DRS/bms

Enclosures: listed

### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the foll authority:	owing statement of
FIRST: The name of the limited liability company is: Sharp Investments, LLC, a Florida limit	ed liability company
SECOND: The Florida Document Number of the limited liability company is: <u>L130000186</u>	7 <u>5</u>
THIRD: The street address of the limited liability company's principal office is:	
722 Florida Street	
Orlando, FL 32806	
The mailing address of the limited liability company's principal office is:	<del>_</del>
722 Florida Street	<del></del>
Orlando, FL 32806	<u>—</u>
FOURTH: This statement of authority grants or sets limitations of authority on all persons have position of a person in a company, whether as a member, transferee, manager, officer or otherw person on the following:  1. May execute an instrument transferring real property held in the name of the com	ise or to a specific
a. Granted to: <u>Heather Sharp</u> <u>Sandra Nelson</u>	
b. No authority granted to:  anyone else	SECRETALL SHE
May enter into other transactions on behalf of, or otherwise act for or bind, the co     a. Granted to: Heather     Sharp or Sandra Nelson	The second secon
b. No authority granted to:	

anyone else

Signature of authorized representative

Heather Sharp
Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)