## L14000060161

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## COVER LETTER

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Division of Corporations				
TMS INVESTMENT	S, LLC			
	Name of Limited Liability Co	mpany		
Dear Sir or Madam:				
The enclosed Statement of Authority an	d fee(s) are submitted for filing	g.		
Please return all correspondence concer-	ning this matter to the following	ng:		
KARL A. BURGUNDER				
Name of Perso	n	_		
KARL A. BURGUNDER, ATT	ORNEY AT LAW			
Firm/Company	,	_		
1490 SWANSON DR., STE.	#200			
Address				
OVIEDO, FL 32765				
City/State and Zip Co	de	_		
karl@cfbizlaw.com				
E-mail address: (to be used for	future annual report notificati	on)		
For further information concerning this	matter, please call:			
KARL A. BURGUNDER	407	366-3555		
Name of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDR		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations P.O. Box 6327		
Clifton Building				
2661 Executive Center Circle	Tallaha	Tallahassee, Florida 32314		

CR2E138 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section

Please return Certified capy of seconded Statement of Authority

## STATEMENT OF AUTHORITY

STATEMENT OF ACTIONITY			
Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the foll authority:	owing state	ment of	f
FIRST: The name of the limited liability company is: TMS INVESTMENTS, LLC			
FIRST. The name of the finned habitity company is.			_
SECOND: The Florida Document Number of the limited liability company is: L140000601	61		
THIRD: The street address of the limited liability company's principal office is:			
8694 Sweetwater Trail Kissimmee, FL 34747			
	<u> </u>		
	_		
The mailing address of the limited liability company's principal office is:			
8694 Sweetwater Trail Kissimmee, FL 34747			
	_		
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 otherwiperson on the following:  1. May execute an instrument transferring real property held in the name of the company.	ise or to a s		
a. Granted to: Tracey Miller Sudborough	- <u>24</u>	5	
b. No authority granted to: Indya Miller Sudborough	TALISSVENT TALISSVENT	MAY III AM	4.0 4.0 40.1
2. May enter into other transactions on behalf of, or otherwise act for or bind, the con-	mnañv	::	3
a. Granted to: Tracey Miller Sudborough		<del>ப</del>	
b. No authority granted to: Indya Miller Sudborough	<del>_</del>		
Tracey Miller Sudl	—		
Signature of authorized representative Typed or printed name		re	
Filing Fee: \$25.00			

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)