## 11400094313

(Re	questor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

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400271091524 L14 - 94313 Stmt of Auth

03/27/15--01014--016 \*\*100.00



APR \$\frac{1}{2}2015 N. CAUSSEAUX

## **COVER LETTER**

TO: Registration Section Division of Corporations			
CoTech Worx, LLC			
SUBJECT: Name o	f Limited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s)	are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Lee Jones			
Name of Person			
Firm/Company			
5903 Lords Ave			
Address			
Sarasota, FL 34231			
City/State and Zip Code			
lee@clearidea.us			
E-mail address: (to be used for future a	annual report notification	n)	
For further information concerning this matter,	please call:		
Lee Jones	941	350-0011	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority	y:	. , ,		liability company submits the fi	ollowing statement of
FIRST:	The name o	of the limited liability	company is: CoT	ech Worx, LLC	
SECON	D: The Flor	rida Document Numl	per of the limited lia	bility company is: L1400009	4313
		address of the limite			R2
	Sarasota	a, FL 34231			7 PH 2: 1
	The mailing 2627 Ma	-		ny's principal office is:	ORDA
	Sarasota	a, FL 34231			
position	of a person in the follow	in a company, wheth ring: xecute an instrument Lee J	er as a member, tran transferring real pro	ions of authority on all persons hasferee, manager, officer or other	rwise or to a specific
	b.	No authority grant		eus	
	2. May e	onter into other transa  Granted to:		or otherwise act for or bind, the	company.
	b.	No authority grant	<sub>ed to:</sub> Anjo De H	eus	
Signatur	re of authoris	and representative		Lee Jones Typed or printed no	ame of signature
		-	Filing Fee: Certified Copy	\$25.00 : \$30.00 (optional)	

CR2E138 (2/14)