## L1460009411S

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		



600273039446

06/08/15--01007--005 \*\*30.00

SECRETARY OF STATE
OIVISION OF CORPORATIONS
15 JUN -8 AM 4: 04
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

JUN 0 9 2015

S MARON

## COVER LETTER

Division of Corporations		
ROL INVESTMENTS, L	LC	
	e 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 concerning t	his matter to the following	3:
KEVIN J. LOCKWOOD		
Name of Person		-
Firm/Company		-
9011 S.W. 196 DRIVE		
Address		-
CUTLER BAY, FLORIDA 33157		
City/State and Zip Code		-
KLOCKWOOD@FORSHEELOCK	(WOOD.COM	
E-mail address: (to be used for futur	e annual report notificatio	n)
For further information concerning this matte	τ, please call:	
KEVIN J. LOCKWOOD	305	322-7395
Name of Person	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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the fo authority:	llowing statement of
FIRST: The name of the limited liability company is: ROL INVESTMENTS, LLC	
SECOND: The Florida Document Number of the limited liability company is: L14000094	1715
THIRD: The street address of the limited liability company's principal office is: 9011 S.W. 196 DRIVE	
CUTLER BAY, FLORIDA 33157	
The mailing address of the limited liability company's principal office is: 9011 S.W. 196 DRIVE	
CUTLER BAY, FLORIDA 33157	<del></del>
FOURTH: This statement of authority grants or sets limitations of authority on all persons hat position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following:  1. May execute an instrument transferring real property held in the name of the community and the community of	wise or to a specific
b. No authority granted to:	ARY OF STATE  TARY OF STATE ASSEE FLORIDA  ASSEE
2. May enter into other transactions on behalf of, or otherwise act for or bind, the coa. Granted to: KEVIN J. LOCKWOOD, MANAGER	ompany. BH Q III
b. No authority granted to:	<del></del>
KEVIN J. LOCKY	
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	ne or signature

CR2E138 (2/14)