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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·					
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(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE

SECRETARY OF STATE

APR 16 2015 N. CAUSSEAUX **Registration Section**

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

March 21, 2015

To Whom It May Concern:

Please find enclosed 4 Statements of Authority. There is one each for the following companies:

CoTech Ventures, LLC

CoTech Labs, LLC

CoTech Developent, LLC

CoTech Worx, LLC

Also find enclosed a check for \$100. This is the \$25 processing fee for each Statement of Authority. If there are any questions or any further information is needed, please contact us at 941-350-0011 or by email at katie@clearidea.us.

Thank you for your help!

Best Wishes,

Lee Jones

2627 Mall Dr

Sarasota, FL 34231

941-350-0011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CoTech Ventures, LLC			
Name of Limit	ed Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are sub	mitted for filing.		
Please return all correspondence concerning this matter	to the following		
Lee Jones			
Name of Person			
Firm/Company			
5903 Lords Ave			
Address	<u> </u>		
Sarasota, FL 34231			
City/State and Zip Code			
lee@clearidea.us			
E-mail address: (to be used for future annual	report notification	1)	
For further information concerning this matter, please	call:		
Lee Jones	941 at (350-0011	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	STREET/COURIER ADDRESS: MAILIN Registration Section Registra		
Division of Corporations	of Corporations		
Clifton Building 2661 Executive Center Circle	: 6327 see, Florida 32314		
Tallahassee, Florida 32301	i amanass	500, F101144 34314	

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority	y:	.0302(1), Florida S		•	- •	he following:	statement of	
FIRST:	The name of t	he limited liability	company is: Co	Tech Ven	tures, LLC			-
SECON	D: The Florid	a Document Numb	er of the limited l	liability comp	pany is: L14000	113391		-
THIRD	: The street ad 2627 Mall	dress of the limited Dr	,					
	Sarasota,						15 MAR 27 SECKETAL TALLAHASS	
	The mailing 2627 Mall	address of the limi	ted liability comp	oany's princi	oal office is:		27 PH 2: 11 IA. J of STATE ASSEE, FLORIE	
	Sarasota,	FL 34231			٠		ORIDA ORIDA	
position	of a person in a control of the following of the followin	nent of authority grad company, whether street an instrument to Granted to:	r as a member, tra ransferring real p	ansferee, ma	nager, officer or o	therwise or to		
	b. 1	No authority grante						
		r into other transac Granted to: Lee		f, or otherwis	e act for or bind,	the company.		
	b. 1	No authority grante	d to: Anjo De I	Heus .				
	of authorized	January ativa			Lee Jones Typed or printed	I name of si-	natura	
Zorgilatur	e or authorized	refriesemanae	Filing Fee: Certified Con	\$25.00 ov: \$30.00 (c		THAME OF SIE	nature	

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