## 14000150425

(Da	www.astada.Nama\	
(Requestor's Name)		
(Address)		
. (Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(50	Siness Linky Har	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2014 OCT 24 RM 1: 43
SECRETARY OF STATE
TALEAHASSES FEORIDA

OCT 28 2014

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## **COVER LETTER**

Division of Corporations  SUBJECT: Win Win (1), LLC  Name of Limited Liability Company	<b>₽</b> ¢			
Name of Limited Liability Company				
Name of Limited Liability Company				
D. 6: - 14.1			_	
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ron V. Flick				
Name of Person				
Win Win (1), LLC		**************************************	4 800	20
Firm/Company		ή. 17		140
961687 Gateway Blvd. Suite 201J				2014 OCT 24
Address		;	/12 70	
Amelia Island, Florida 32034		•	., ™ —.(A ©=4	理
City/State and Zip Code				Ę.
ron.flick1@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ron V. Flick 904 261-0059				
Name of Person Area Code Daytime	Telephone	Number	_	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

authority:	imited liability company submits the following statement of
FIRST: The name of the limited liability company is:	Win Win(1), LLC
SECOND: The Florida Document Number of the limit	ted liability company is: L14000150425
THIRD: The street address of the limited liability com 961687 Gateway Blvd. Suite 201J	
Amelia Island, Florida 32034	
The mailing address of the limited liability of 961687 Gateway Blvd. Suite 201J	ompany's principal office is:
Amelia Island, Florida 32034	SECRETALLABLES
position of a person in a company, whether as a member person on the following:	mitations of authority on all persons having the status or r, transferee, manager, officer or otherwise or to a specific all property held in the name of the company.
b. No authority granted to:	
May enter into other transactions on behal     a. Granted to:  Randy McHenr	If of, or otherwise act for or bind, the company.  ry or Ron Flick
b. No authority granted to:	
W.R. M. Am	Randy McHenry
Signature of authorized representative Filing Fee: Certified C	Typed or printed name of signature: \$25.00 Copy: \$30.00 (optional)

CR2E138 (2/14)