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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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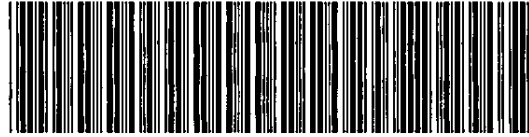
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 14 2015

**GASSMAN LAW ASSOCIATES, P.A.**  
**ATTORNEYS AT LAW**

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- \* LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER  
WILLS, TRUSTS AND ESTATES
- \*\*\* LL.M. IN ESTATE PLANNING
- ^ BOARD CERTIFIED LAWYER IN TAX LAW

March 17, 2015

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

To Whom it May Concern:

Enclosed please find a Statement of Authority for filing for Andrews Investment Properties, L.L.C.

Additionally, please find a check in the amount of \$55.00 for the cost of filing and certifying the enclosed document. Please return the certified Statement of Authority to our office in the enclosed self-addressed, stamped envelope.

Please do not hesitate to contact my office if you have any questions with respect to the attached.

Best personal regards.

  
Kenneth J. Crotty

KJC:jas

Enclosures

SASEs:

cc: Mr. and Mrs. Harry M. Andrews (w/encls. via email [handrews45@comcast.net](mailto:handrews45@comcast.net) & [sandrews45@comcast.net](mailto:sandrews45@comcast.net) & U.S. Mail)

David Sietsma, CPA (w/encls. via email [Dsietsma@CRICPA.com](mailto:Dsietsma@CRICPA.com) & U.S. Mail)

Alan S. Gassman (w/encls. via email [alan@gassmanpa.com](mailto:alan@gassmanpa.com))

J:\A\Andrews, Harry\ANDREWS INVESTMENT PROPERTIES, L.L.C. (FL)\Division of Corporations.1.wpd  
8156-6

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: ANDREWS INVESTMENT PROPERTIES, L.L.C.**  
Name of Limited Liability Company

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:

Kenneth J. Crotty, Esq.  
Name of Person

Gassman Law Associates, P.A.  
Firm/Company

1245 Court Street, Suite 102  
Address

Clearwater, FL 33756  
City/State and Zip Code

\_\_\_\_\_  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth J. Crotty, Esq. at ( 727 ) 442-1200  
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

**STATEMENT OF AUTHORITY**

Pursuant to Section 6.05.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: ANDREWS INVESTMENT PROPERTIES, L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: \_\_\_\_\_

**THIRD:** The street address of the limited liability company's principal office is:

19112 Basin Street

Jupiter, FL 33469

The mailing address of the limited liability company's principal office is:

19112 Basin Street

Jupiter, FL 33469

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**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company; may give a mortgage on real property held in the name of the company; may satisfy a mortgage on real property held in the name of the company; may record a lease, option, and/or mechanics lien on real property held in the name of the company; may record any other incumbrance which would cloud or otherwise provide a detrimental impact on the real property held in the name of the company.

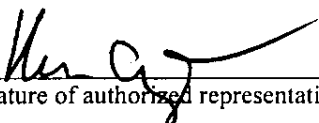
a. Granted to: Gassman Law Associates, P.A.

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Kenneth J. Crotty, Esq.  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)