

L15000094855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 MAY 13 PM 3:43  
STONY BROOK, CT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Temerity Capital Partners, LLC  
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:

Adelaide G. Schwartz

Name of Person

c/o Temerity Capital Partners, LLC

Firm/Company

903 E. 38th Street

Address

Austin, Texas 78705

City/State and Zip Code

aschwartz@temeritycap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adelaide G. Schwartz

Name of Person

at ( 361 )

Area Code

798 - 6094

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Temerity Capital Partners, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000094855

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

1120 20th Street NW

Suite 720S

Washington DC 20036

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

1120 20th Street NW

Suite 720S

Washington DC 20036

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SECRETARY OF STATE

**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.

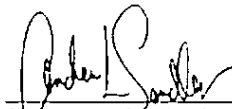
a. Granted to: Michael Sandler

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: Michael Sandler

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



Signature of authorized representative

Andrew L. Sandler, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)