

OCT 25 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2016

LISA M HOWARD  
LSH CONSULTANCY LLC  
1921 IBIS POINT LANE  
JACKSONVILLE, FL 32224

SUBJECT: LSH CONSULTANCY LLC  
Ref. Number: L15000153132

We have received your document for LSH CONSULTANCY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 416A00021107

RECEIVED  
2016 OCT 24 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
16 OCT 25 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LSH Consultancy 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:

Lisa M Howard

Name of Person

LSH Consultancy LLC

Firm/Company

1921 Ibis Point Lane

Address

Jacksonville, FL 32224

City/State and Zip Code

[lisa@lshllc.com](mailto:lisa@lshllc.com)

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

For further information concerning this matter, please call:

Lisa M Howard

904

476-7421

at ( )

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 25 PM 5:00

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: LSH Consultancy LLC

SECOND: The Florida Document Number of the limited liability company is: L15000153132

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

1921 Ibis Point Lane

Jacksonville, FL 32224

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

1921 Ibis Point Lane

Jacksonville, FL 32224

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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.

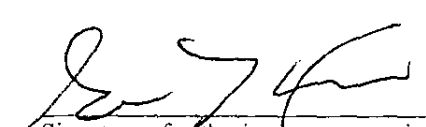
a. Granted to: Lisa M Howard, Authorized Member

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: Lisa M Howard, Authorized Member

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

  
Signature of authorized representative

Scott T Howard MGR  
Typed or printed name of signature

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

18 OCT 25 PM 5:00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA