

215000189187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

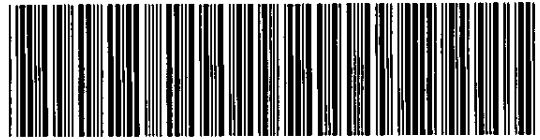
(Business Entity Name)

(Document Number)

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STRAUS & PATEL, P.A.

ATTORNEYS AND COUNSELORS AT LAW

118 WEST ORANGE STREET
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February 15, 2018

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

Re: UNIVERSITY VILLAGE INVESTMENTS, LLC
Document No: L15000187187

Dear Sir:

Enclosed please find a Statement of Authority for University Village Investments, LLC for filing with the Florida Department of State. Also enclosed is our firm's check in the amount of \$55.00, said sum representing the \$25.00 filing fee for the Statement of Authority and \$30.00 for a certified copy of the Statement of Authority. Please forward the certified copy of the Statement of Authority at your earliest convenience. Thank you for your assistance in this matter.

Very truly yours,



Prabodh C. Patel

PCP:lpa
Enclosures

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: UNIVERSITY VILLAGE INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000189187

THIRD: The street address of the limited liability company's principal office is:
1655 E. Highway 50, Suite 300
Clermont, FL 34711

The mailing address of the limited liability company's principal office is:
1655 E. Highway 50, Suite 300
Clermont, FL 34711

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.

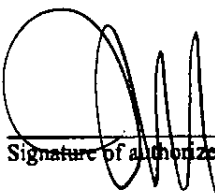
a. Granted to: JOHN SCHMID

b. No authority granted to: N/A

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

a. Granted to: JOHN SCHMID

b. No authority granted to: N/A


Signature of authorized representative

JOHN SCHMID
Typed or printed name of signature

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

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DIVISION OF CORPORATIONS
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