

11/25/2016
11/25/2016

02:52 PST

TO: 18506176383 FROM: 9413667478
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CHRISTOPHER K. CASWELL, P.A.
Account Number : 105205003431
Phone : (941)366-7727
Fax Number : (941)366-7478

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: ccaswell@caswelllegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASKA ADVENTURE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aska Adventure, 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:

Chris Caswell

Name of Person

Caswell Legal

Firm/Company

240 S. Pineapple Ave., Suite 802

Address

Sarasota, FL 34236

City/State and Zip Code

ccaswell@caswelllegal.com

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

For further information concerning this matter, please call:

Kate Bostic

at 941 366-7727
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

CR2E138 (2/14)

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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: Aska Adventure, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000199445

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

1396 Harbor Drive

Sarasota, FL 34239

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

1396 Harbor Drive

Sarasota, FL 34239

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: Shawn Sims, Manager

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: Shawn Sims, Manager

b. No authority granted to: _____

[Signature]
Signature of authorized representative

Shawn Sims

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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