## L160001330

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SECRETARY OF STATE
TALLAHASSEE, FLORID

## **COVER LETTER**

Division of Corporations	
Indya Rose Investments, LLC	
Name of Limited Liability Co	ımpany
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for filin	ıg.
Please return all correspondence concerning this matter to the following	ng:
Karl A. Burgunder	
Name of Person	_
Law Office of Karl A. Burgunder	
Firm/Company	_
1490 Swanson Drive, Ste. 200	
Address	<del></del>
Oviedo, FL 32765	
City/State and Zip Code	— . ≅s
karl@cfbizlaw.com	<b>17 F</b>
E-mail address: (to be used for future annual report notificati	ion) 75 A A A A A A A A A A A A A A A A A A
For further information concerning this matter, please call:	3 PM
Karl A. Burgunder 407	366-3555 <b>3.</b> Co.

STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Daytime Telephone Number

Area Code

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

TO:

Registration Section

## 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: Indya Rose Investments
SECOND: The Florida Document Number of the limited liability company is: L 16000 129320
THIRD: The street address of the limited liability company's principal office is:
497 Laurenburg Lane
Ocoee FL 34761
The mailing address of the limited liability company's principal office is:
497 Laurenburg Lane
Ocoee FL 34761
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: Indya Rose Miller Sudboragh and Caka Indya Rose Miller and M
b. No authority granted to: Any other person
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: Indya Rose Miller Sudborough  aka Indya Rose Miller aka Indya Miller  b. No authority granted to: Any other person
b. No authority granted to: Any other person
Signature of authorized representative  Typed or printed name of signature
Signature of authorized representative  Typed or printed name of signature  Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)