L17000 147526

(F	Requestor's Name)			
	Address)			
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

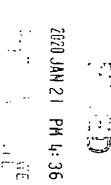
Office Use Only

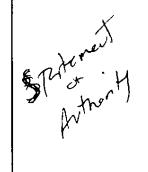


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COVER LETTER

TO: Registration Section **Division of Corporations**

TRUVESTMENTS ASSET N	TRUVESTMENTS ASSET MANAGEMENT, LLC				
	me of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Statement of Authority and fe	ee(s) are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:				
Christopher Smith					
Name of Person					
SmithLaw					
Firm/Company					
5391 Lakewood Ranch Blvd N 203	ı				
Address					
Sarasota, FL 34240					
City/State and Zip Code					
smith@chrissmith.com					
E-mail address: (to be used for fu	ture annual report notification)				
For further information concerning this ma	tter, please call:				
Chris Smith	941 202-2222 at ()				
Name of Person	Area Code 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

authority		VECTMENTS ASSET MANIAC	EMENT IIC
FIRST:	The name of the limited liability company is: TRU	VESIMENIS ASSEI MANAU	EMENT, LIC
SECON	D: The Florida Document Number of the limited lia	1.17(XX)14752	26
	The street address of the limited liability company		
	5391 LAKEWOOD RANCH BLVD. N Ste 303 SA	RASOTA, FL 34240	2020
	The mailing address of the limited liability compa 5391 LAKEWOOD RANCH BLVD. N Ste 303 SA		2020 JAN 21 PH 4: 36
	3391 LAKEWOOD KANCH BLVD. N SIC 303 3A		PH 4: 38
	of a person in a company, whether as a member, train the following: 1. May execute an instrument transferring real pro a. Granted to: Kaleb McCarty and Micha	operty held in the name of the cor	
	b. No authority granted to:Dave G. Szat	ж)	
	May enter into other transactions on behalf of, a. Granted to: Kaleb McCarty and Mic		company.
	b. No authority granted to: Dave G. Szal	00	
C	Klink	Kaleb McCarty	
Signatur	e of authorized representative Filing Fee: Certified Conv	Typed or printed na \$25.00 : \$30.00 (optional)	me of signature