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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 637 Harwood, LLC	
Name of Limited Liability Comp	any
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:	
STEPHEN H. PRICE, ESQ.	
Name of Person	
CRAMER, PRICE & DE ARMAS, P.A.	
Firm/Company	
1411 EDGEWATER DR., STE 200	
Address	
ORLANDO, FL 32804	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stopper H. Price 11, 407,	843-3300
* Name of Person Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton 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)

TO:

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limit authority:	nited liability company submits the following statement of	
FIRST: The name of the limited liability company is: 637 HARWOOD, LLC		
SECOND: The Florida Document Number of the limited	d liability company is: L17000224797	
THIRD: The street address of the limited liability compa	any's principal office is:	
ORLANDO, FL 32836		
The mailing address of the limited liability con 8843 ELLIOTS COURT	mpany's principal office is:	
ORLANDO, FL 32836		
FOURTH: This statement of authority grants or sets lim position of a person in a company, whether as a member, person on the following: 1. May execute an instrument transferring real	transferee, manager, officer or otherwise or to a specific property held in the name of the company.	
JEFFREY PHILLIPS	17 DEC	
b. No authority granted to:	21 PH	
May enter into other transactions on behalf- a. Granted to: PARUL PAL JEFFREY PHILLIPS	of, or otherwise act for or bind, the company.	
b. No authority granted to:		
	JEFFREY PHILLIPS	
Signature of withorized representative Filing Fee: Certified Co	Typed or printed name of signature \$25.00 opy: \$30.00 (optional)	

CR2E138 (2/14)