## L1800185619

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| . (Ac                                   | idress)            |           |
| (Ac                                     | idress)            |           |
| (Ci                                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Business Entity Name)                  |                    |           |
| (Document Number)                       |                    |           |
| Certified Copies                        | Certificates       | of Status |
| Special Instructions to Filing Officer: |                    |           |
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## COVER LETTER

| Division of Corporations   |                          |
|--|--------------------------|
| NET THREE INVESTMENTS, LLC   |                          |
| Name of Limited Liability Com  | pany                     |
| 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 | ş:                       |
| David R. Mains, Paralegal  |                          |
| Name of Person   | -                        |
| Karlson Law Group, P.A.  |                          |
| Firm/Company   | -                        |
| 301 Dal Hall Blvd.   |                          |
| Address  | -                        |
| Lake Placid, FL 33852  |                          |
| City/State and Zip Code  | -                        |
| info@karlsonlaw.com  |                          |
| E-mail address: (to be used for future annual report notificatio         | n)                       |
| For further information concerning this matter, please call:             |                          |
| David R. Mains, Paralegal 863  | 465-5033                 |
| 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

## STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this liauthority:  | imited liability company submits the following statement of   |
|---|---|
| FIRST: The name of the limited liability company is:  | NET THREE INVESTMENTS, LLC  |
| SECOND: The Florida Document Number of the limit  | ted liability company is: L18000185619;   |
| THIRD: The street address of the limited liability com 206 Ridgewood Avenue   | npany's principal office is:  |
| Clewiston, FL 33440   | npany's principal office is:  |
| The mailing address of the limited liability of 206 Ridgewood Avenue  |   |
| Clewiston, FL 33440   |   |
| position of a person in a company, whether as a membe person on the following:  1. May execute an instrument transferring re- | imitations of authority on all persons having the status or er, transferee, manager, officer or otherwise or to a specific ral property held in the name of the company.  MITH, Authorized Member |
|   | ranklin Smith, Nigel Franklin  Trevor Neil Smith - Members  |
| May enter into other transactions on beha   | olf of, or otherwise act for or bind, the company.  SMITH, Authorized Member  |
|   | ranklin Smith, Nigel Franklin  Trevor Neil Smith - Members  |
| Jank, Crimy Can Smith,  | LAURA GAIL SMITH  |
| Signature of authorized representative Filing Fee Certified (   | Typed or printed name of signature : \$25.00 Copy: \$30.00 (optional)   |