## L1900006863

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



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## COVER LETTER

|   | stration Section ion of Corporations |                       |                       | •                         |
|---|--------------------------------------|-----------------------|-----------------------|---------------------------|
| DIVIS   | ion of Corporations                  |                       |                       |                           |
| SUBJECT:                                      | L&E NELSON                           | INVESTMENTS           | G, LLC                |                           |
| _   |                                      | Name of Lin           | ited Liability Comp   | pany                      |
| Dear Sir or Ma                                | adam:                                |                       |                       |                           |
| The enclosed S                                | Statement of Author                  | rity and fee(s) are s | abmitted for filing.  |                           |
| Please return a                               | ill correspondence c                 | concerning this mat   | ter to the following: |                           |
|   |                                      |                       |                       |                           |
|   | MARKURT                              | BLAIR                 |                       |                           |
|   | Name of                              | Person                |                       |                           |
|   | L&E NELSON                           | INVESTMENTS           | , LLS                 |                           |
|   | Firm/Co                              | mpany                 |                       |                           |
| 1465  | GENE STREE                           | Γ                     |                       |                           |
|   | Addre                                | SS                    | <del></del>           |                           |
| WINT  | ER PARK, FI                          | 32789                 |                       |                           |
|   | City/State and 2                     | Cip Code              |                       |                           |
| rma@  | rachelalvar                          | ez.com                |                       | ✓                         |
| E-ma  | nil address: (to be u                | sed for future annua  | l report notification | )                         |
| For further inf                               | ormation concernin                   | g this matter, pleas  | e call:               |                           |
| Rache   | el Alvarez                           |                       | at ( 407              | 970.2954                  |
|   | Name of Persor                       | 1                     | Area Code             | Daytime Telephone Number  |
|   |                                      |                       |                       |                           |
| STREET/COURIER ADDRESS:                       |                                      |                       | G ADDRESS:            |                           |
| Registration Section                          |                                      |                       |                       | ion Section               |
| Division of Corporations                      |                                      |                       |                       | of Corporations           |
| Clifton Building 2661 Executive Center Circle |                                      |                       | P.O. Box              | 6327<br>ee. Florida 32314 |
| Tallahassee, Florida 32301                    |                                      | i amanass             | CC, 1 101108-02019    |                           |

## 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: L&E NELSON INVESTMENTS,  | LLC          |                      |          |
|---|--------------|----------------------|----------|
| SECOND: The Florida Document Number of the limited liability company is: <u>L190000668</u>  | 63           |                      |          |
| THIRD: The street address of the limited liability company's principal office is:   |              |                      |          |
| 1465 GENE STREET  | _            |                      |          |
| WINTER PARK, FL 32789   | - S          | 2019                 |          |
|   |              | HA)                  | <b>.</b> |
| The mailing address of the limited liability company's principal office is:   |              | 2019 MAY 13 PM 12: 2 | 5.00     |
| 1465 GENE STREET  | - 1          | _ <u>×</u>           | 1        |
| WINTER PARK, FL 32789   | - 23         | 22                   |          |
| position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following:  1. May execute an instrument transferring real property held in the name of the compana.  Granted to: | ·            | Cine                 |          |
| b. No authority granted to: Justine Blair, Genesis Blair  | <del>-</del> |                      |          |
| (must have majority per executed operating  | _agree       | ment)                |          |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the com  | pany.        |                      |          |
| a. Granted to:  | -            |                      |          |
| b. No authority granted to: Justine Blair, Genesis Blair  | -<br>-       |                      |          |
| (must have majority per executed operating  | _agreem      | ent)                 |          |
| Signature of authorized representative    Manhow  | B16          | ·<br>'1              |          |
| Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)   | of signature |                      |          |

CR2E138 (2/14)