## 119000216632

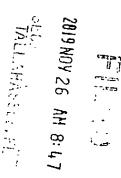
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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SASHY'S LUXURY FORMAS LLC		
	-	nited Liability Con	npany
Dear S	Sir or Madam:		
The er	nclosed Statement of Authority and fee(s) are s	submitted for filing	;
Please	return all correspondence concerning this mat	tter to the following	ğ.
Darrir	n R. Schutt, Esq.		
	Name of Person		_
Schut	t Law Firm PA		
	Firm/Company		_
12601	New Brittany Boulevard		
	Address		-
Fort M	Ayers, Florida 33907		
	City/State and Zip Code		-
sashy	@sashyhairdesignclub.com		
	E-mail address: (to be used for future annu	al report notification	on)
For fu	rther information concerning this matter, pleas	se call:	
Darrin	n R. Schutt, Esq.	239 at (	540-7007
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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: SASHY'S LUXURY RENTALS, LLC SECOND: The Florida Document Number of the limited liability company is: L19000216632 THIRD: The street address of the limited liability company's principal office is: 769 109TH AVENUE NORTH NAPLES, FLORIDA 34108 The mailing address of the limited liability company's principal office is: 769 109TH AVENUE NORTH NAPLES, FLORIDA 34108 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or 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: b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: JOERG ZACHMANN b. No authority granted to: **EDITH ZACHMANN** Typed or printed name of signature \$25.00 Filing Fee:

Certified Copy: \$30.00 (optional)