# L22000216809

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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
Sandstone Design & Ar SUBJECT:	rehitecture, LLC	
	Name of Limited Liability C	ompany
Dear Sir or Madam:		
The enclosed Statement of Authority	and fee(s) are submitted for fili	ing.
Please return all correspondence conc	erning this matter to the follow	ring:
David B. Knaupp		
Name of Per	rson	<del></del>
Sandstone Design & Architecture		
Firm/Compa	ny	<del></del>
106 Seawind Dr		
Address		
Satellite Beach, FL 32937		
City/State and Zip (	Code	<del></del>
David@SandstoneDA.com		
E-mail address: (to be used to	for future annual report notifica	tion)
For further information concerning th	is matter, please call:	
David B. Knaupp	256	617-3492

## **Mailing Address:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

## **Street Address:**

Area Code Daytime Telephone Number

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability ov:	company submits the following statement of	
FIRST:	T: The name of the limited liability company is:  Sandstone Design & Architecture, LLC		
SECON	D: The Florida Document Number of the limited liability con	npany is: <u>L</u> 22000216809	
THIRD	: The street address of the limited liability company's principa 106 Seawind Dr		
	Satellite Beach	2 (S) 2 (S) 2 (S) 3 (S)	
	Florida, 32937	是高温。·	
	The mailing address of the limited liability company's princ Same	SEE T	
position	<ul> <li>This statement of authority grants or sets limitations of autof a person in a company, whether as a member, transferce, months following:</li> <li>May execute an instrument transferring real property held</li> <li>a. Granted to:</li></ul>	anager, officer or otherwise or to a specific	
	b. No authority granted to:		
	2. May enter into other transactions on behalf of, or otherw a. Granted to: David B. Knaupp	ise act for or bind, the company.	
	b. No authority granted to:		
	and & Kungs	David B. Knaupp	
Signatur	e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00	Typed or printed name of signature (optional)	

CR2E138 (2/14)