

L130000020058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

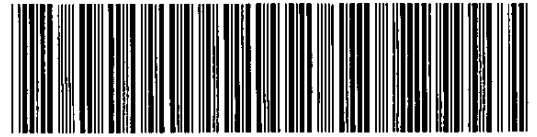
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 11 2014

T. BROWN

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**WALK IN**

PICK UP: 7/10 GLINDA

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC STATEMENT OF AUTHORITY

1. JEN FLORIDA IX, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JEN Florida IX, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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:

Grant T. Downing, Esq.

\_\_\_\_\_  
Name of Person

Godbold, Downing & Bill, P.A.

\_\_\_\_\_  
Firm/Company

222 W. Comstock Avenue, Suite 101

\_\_\_\_\_  
Address

Winter Park, FL 32789

\_\_\_\_\_  
City/State and Zip Code

khoran@gdb-law.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Horan

407

647-4418

at ( )

\_\_\_\_\_  
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 limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: JEN Florida IX, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000020058

THIRD: The street address of the limited liability company's principal office is:

1750 W. Broadway  
Suite 111  
Oviedo, FL 32765

The mailing address of the limited liability company's principal office is:  
1750 W. Broadway  
Suite 111  
Oviedo, FL 32765

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14 JUL 10 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Sun Terra Communities I, LLC, and to Richard A Jerman and John Kraynick, Co-Managing Members

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: Sun Terra Communities I, LLC, and to Richard A. Jerman and John Kraynick, Co-Managing Members

b. No authority granted to: \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized representative

\*See attached Signature Page

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

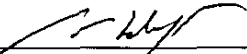
Certified Copy: \$30.00 (optional)

Signature Page  
To  
Statement of Authority


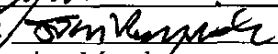
JEN FLORIDA IX, LLC,  
a Florida limited liability company

BY: JEN IV Florida Holdco, LLC,  
a Florida limited liability company, its Co-Manager


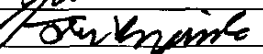
By: JEN IV GP LLC, a Delaware limited  
liability company, its manager

By:   
Print Name: Reuben Leibowitz  
Its: President

By: Sun Terra Communities I, LLC,  
a Florida limited liability company,  
its Non-Member Co-Manager

By:   
Print Name:   
Its: Co-Managing Member

BY: Sun Terra Communities I, LLC,  
a Florida limited liability company,  
its Non-Member Co-Manager

By:   
Print Name:   
Its: Co-Managing Member