LB000073741

(Requestor's Name)				
(Address)				
(Address)				
, and a second s				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special monocond to 1 ming officer.				

Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corp			
JEM PRO SUBJECT:	PERTIES #1, LLC		
	Name of L	imited Liability Co	mpany
Dear Sir or Madam:			
The enclosed Statement of	Authority and fee(s) are	submitted for filing	g.
Please return all correspor	idence concerning this ma	atter to the following	of:
Devan Mathura			
	Same of Person		
JEM Properties #1,	LLC		
j:	irm/Company		_
1800 W. Oak Ridge	Road, Suite B		
	Address		_
Orlando, FL 32809			
City/Sta	te and Zip Code		_
mathura.holdings@	gmail.com		
E-mail address: (to be used for future ann	ual report notificati	on)
For further information co	ncerning this matter, plea	ise call;	
Devan Mathura		407	217-5704
Name o	f 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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority: FIRST: The name of the limited liability company is:	Properties #1, LLC
SECOND: The Florida Document Number of the limited liab	oility company is:_L13000073741
THIRD: The street address of the limited liability company's 3909 White Heron Drive	s principal office is:
Orlando, FL 32808	
The mailing address of the limited liability companates 1800 W. Oak Ridge Road	ny`s principal office is:
Suite B	
Orlando, FL 32809	
May execute an instrument transferring real prop a. Granted to: Devan Mathura Charlene Mathura	perty held in the name of the company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, of a. Granted to: Charlene Mathura	or otherwise act for or bind, the company.
b. No authority granted to:	
Den Mathura	Devan Mathura
Signature of authorized representative Filing Fee: Certified Conv:	Typed or printed name of signature \$25.00 \$30.00 (optional)