

2015-07-24 15:01

123

123

P 2/3

L09000100244

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000180391 3)))



H150001803913ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREEN AND KAHN P.L.
Account Number : I20120000022
Phone : (305)865-4311
Fax Number : (305)865-9688

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JC FUNDS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 JUL 24 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 24 AM 8: 35

FILED

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: JC FUNDS, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000100244

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

1820 SW 3RD AVE

MIAMI, FL 33129

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

1820 SW 3RD AVE

MIAMI, FL 33129

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: DANIEL LISTE

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: DANIEL LISTE

b. No authority granted to: _____


Signature of authorized representative

DANIEL LISTE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
15 JUL 24 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA