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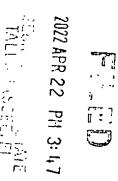
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COVER LETTER

SUBJECT: JC FUNDS, LLC Name of Limited Liabil	lity Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Omar Ortega	
Name of Person	
Dorta & Ortega, P.A.	
Firm/Company	
3860 SW 8th Street. Third Floor	
Address	
Coral Gables, Florida 33134	
City/State and Zip Code	
oortega@dortaandortega.com	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Omar Ortega) ((1.5)5)
Name of Person at (305) Are	a Code Daytime Telephone Number

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

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

CR2E138 (2/14)

TO:

Registration Section Division of Corporations

STATEMENT OF AUTHORITY

	STATEMENT OF AUTHORITY	ت ۱۰۰۰ ستع	7
Pursuant to section 6 authority:	605.0302(1). Florida Statutes, this limited liability company submits the fol	- 1 : -	E. 1
FIRST: The name of	of the limited liability company is: <u>JC FUNDS, LLC</u>	2022 APR 22	PH 3:
		TALL	
ECOND: The Flo	rida Document Number of the limited liability company is: <u>L09000100244</u>		_
HIRD: The street	address of the limited liability company's principal office is:		
175 8	SW 7th Street		
2416	<u> </u>		
Miar	mi, Florida 33130		
The maili	ing address of the limited liability company's principal office is:		
P.O.	Bo\450447		
Miar	mi, Florida 33245-0447		
-		<u> </u>	
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