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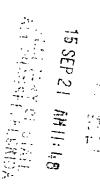
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SEP 25 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:JJK, LLC, a Florida Limited Li		
Name of Lin	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
George P. Langford		
Name of Person		
George P. Langford, Esquire		
Firm/Company		
3357 Tamiami Trail North		
Address		
Naples, FL 34103		
City/State and Zip Code		
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matter, pleas	e call:	
Danielle C. Marczak	239	262-2011
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		ee, Florida 32314

• STATEMENT OF AUTHORITY

Pursuant t authority:	to section 605.0302(1), Florida Statutes, this limited liability company submits the following	; statement	of
FIRST:	The name of the limited liability company is: JJK, LLC		
SECOND	2: The Florida Document Number of the limited liability company is: L04000024865		
	The street address of the limited liability company's principal office is: 4851 Bonita Bay Blvd. #404		
{{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{}}}}}}	Bonita Springs, FL 34134		
- F	The mailing address of the limited liability company's principal office is: 2.0. Box 2608		
	Bonita Springs, FL 34134		
position of person on	I: This statement of authority grants or sets limitations of authority on all persons having the fa person in a company, whether as a member, transferee, manager, officer or otherwise or the following: . May execute an instrument transferring real property held in the name of the company. a. Granted to: John F. Thompson, Karen T. Butler, and/or		
	b. No authority granted to:	A SIGN	O#
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the company a. Granted to: Jeffrey B. Zanger b. No authority granted to:	;	
CR2E1 MP	John F. Thompson, Ma Typed or printed name of sig Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) NICOLE M FREY Public - State of New York No. 01FR6298152 Qualified In New York County Commission Expires Mar. 10, 2918		