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COVER LETTER

TO:	Registration Section	** **		
	Division of Corporations	₹k ≹		
SUBJ	JY PRESIDENTS 2, LLC			
		imited Liability Comp	pany	
Dear S	sir or Madam:			
The en	iclosed Statement of Authority and fee(s) are	submitted for filing.		
Please	return all correspondence concerning this m	atter to the following:		
Andr	rew M. Jacobson			
	Name of Person			
JY P	residents 2, LLC			
	Firm/Company			
2257	Vista Parkway, Suite 17			
	Address			
Wes	t Palm Beach, Fl. 33411			
	City/State and Zip Code			
ajaco	obson@mccraneyproperty.com			
	E-mail address: (to be used for future ann	ual report notification)	
For fur	rther information concerning this matter, ple	ase call:		
Andr	rew M. Jacobson	561	478-4300 ext. 104	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS:		G ADDRESS:	
	Registration Section Division of Corporations		Registration Section Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority: FIRST: The name of the limited liability company is:					
FIRST: The name of t		DENTS 2, LLG			
SECOND: The Florida	Document Number of the limited liability co				
THIRD: The street add	dress of the limited liability company's princip A PARKWY, SUITE 17				
WEST PAI	M BEACH, FL. 33411				
· -	address of the limited liability company's prin	ncipal office is:			
WEST PAI	M BEACH, FL. 33411				
position of a person in a person on the following 1. May exect	ite an instrument transferring real property he	manager, officer or otherwise or t	o a specific		
a. (ranted to: Steven E. McCraney	5			
b. N	o authority granted to:		3 1 58		
·	ranted to:	L.			
b. A	o authority granted to:				
Col		Steven E. McCraney			
Signature & authorized	representative Filing Fee: \$25.00 Certified Copy: \$30.00		gnature		