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SECRETARY OF STATE

D. SCOTT MAY 2 3 2017 _____ Attorney at Law _

715 WEST SWANN AVENUE

TAMPA, FLORIDA 33606

TELEPHONE (813) 251-8631

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EMAIL: SWANN715@VERIZON.NET

May 19, 2017

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

RE: Jopico, LLC

Dear Maam or Sir:

Please find enclosed two (2) Statements of Authority for filing. Upon completion of the filing process, please send me, in the self-addressed envelopes, a certified copy of each. In addition please find two (2) checks for \$55.00 each for the filing fee and for a certified copy. Thank you.

Sincerely,

William P. Gregory

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STATEMENT OF AUTHORITY

Pursuant to section (authority:	605.0302(1), Florida Statutes, this limited liability company submits the following	ig stateme	ent of	
FIRST: The name	of the limited liability company is:			-
SECOND: The Flo	rida Document Number of the limited liability company is:			<u>-</u> -
	address of the limited liability company's principal office is: am Island Road			
Long Bo	at Key, FL 34228			
	ing address of the limited liability company's principal office is: ay Court			
Tampa,	FL 33609			
position of a person person on the follow	tement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferee, manager, officer or otherwise oring: Recute an instrument transferring real property held in the name of the company Granted to: Kamil J. Pilch, only with regard to the real	or to a spe	or cific	
a.	property at 3421 Gray Court, Tampa, FL 336069	IAI SE	=	
, b.	No authority granted to: Michael D. Scionti, only with regard to the property at 3421 Gray Court, Tampa, FL 33609	CRETARY O	KAY 22	T
2. May e a.	nter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to: Kamil J. Pilch, only with regard to the real property at 3421 Gray Court, Tampa, FL 33609	FSTATE FLORIDA	PH 3: 26	
b.	No authority granted to: Michael D. Scionti, only with regard to			
	the real property at 3421 Gray Court, Tampa, FL 33609			
* Shell	Jozef Pilch			
Signature of authoriz	red representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature		

CR2E138 (2/14)