

107 0000 45914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEN JU LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith R. Peterson
Name of Person

JEN JU LLC
Firm/Company

4415 C Constitution Ln, PMB 304
Address

Marianna, FL 32448
City/State and Zip Code

retiredupslady@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Peterson at (850) 693-0605
Name of Person Area 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

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: JEN JU LLC

SECOND: The Florida Document Number of the limited liability company is: L07000045914

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

4415 C Constitution LN
Marianna, FL 32448

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

4415 C Constitution LN
Marianna, FL 32448

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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: Judith R. Peterson

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: Judith R. Peterson

b. No authority granted to: _____

Judith R. Peterson
Signature of authorized representative

Judith R. Peterson
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)