LO 7000053789

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THARRESTS

COVER LETTER

Division of Corporations JSM CONSTRUCTION CONSULTING, LLC SUBJECT: 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: CHRISTINE M. BERK, ESQ. Name of Person MILLER JOHNSON LAW, P.L. Firm/Company 429 S. KELLER ROAD, SUITE 310 Address ORLANDO, FL 32810 City/State and Zip Code CHRISTINE@MILLERJOHNSONLAWGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTINE M. BERK, ESQ. 407 478-7958 Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

Tallahassee, Florida 32301

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to authority;	ection 605,0302(1), Florida Statute	es, this limited liability co	ompany submits the following	ig statement of
•	name of the limited liability comp	pany is:	RUCTION CONSUL	ΓING, LLC
SECOND:	The Florida Document Number of	the limited liability comp	L07000053789	
THIRD: T	e street address of the limited liabi 1 RIPPLING LANE			
$\overline{\mathbb{W}}$	NTER PARK, FL 32789			
	ne mailing address of the limited li	ability company's princip	pal office is:	
W	NTER PARK, FL 32789			
position of a person on th	This statement of authority grants operson in a company, whether as a following: May execute an instrument transferation of the company of t	i member, transferee, man	ority on all persons having to nager, officer or otherwise of in the name of the company.	r to a specific
	b. No authority granted to:			N21 PH 1: 0
2.	May enter into other transactions a. Granted to:		e act for or bind, the compar	iv. →
1.	b. No authority granted to:			
Signaturdot	authorized representative	<u>.</u>	JEFFREY S. MOTTR Typed or printed name of s	
s.m.d.	Fi	ling Fee: \$25.00 ertified Copy: \$30.00 (o		· g

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