

L080000073124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

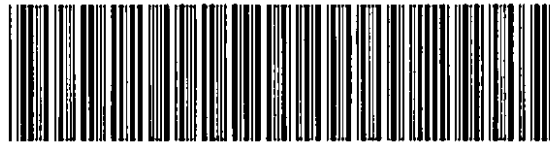
(Business Entity Name)

(Document Number)

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Statement
of
Authority

OCT 07 2022
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUSA Management, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Donald H. Crawford

Name of Person

Cope, Zebro & Crawford, P.L.L.

Firm/Company

14020 Roosevelt Blvd., Suite 802

Address

Clearwater, FL 33762

City/State and Zip Code

dcrawford@czechfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald H. Crawford

727

369-6070

at

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: JUSA Management, LLC

SECOND: The Florida Document Number of the limited liability company is: 108000073124

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

1990 Main Street

Suite 801

Sarasota, FL 34236

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

1990 Main Street

Suite 801

Sarasota, FL 34236

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.

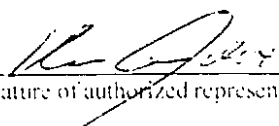
a. Granted to: Avid Hunter LTD

b. No authority granted to: Russell L. Mills

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Avid Hunter LTD

b. No authority granted to: Russell L. Mills


Signature of authorized representative

Klaus Gondert, on behalf of Avid Hunter LTD
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)