

L10000102332
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JAB FAMILY LLC**

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Corporate Filing Menu

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JAN 20 2016
J. HARRIS

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: Jab Family LLC

SECOND: The Florida Document Number of the limited liability company is: L10000102332

THIRD: The street address of the limited liability company's principal office is:
6415 Lake Worth Rd., Suite 205
Greenacres, FL 33463

The mailing address of the limited liability company's principal office is:
6415 Lake Worth Rd., Suite 205
Greenacres, FL 33463

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.

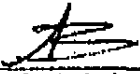
a. Granted to: _____

b. No authority granted to: Gayle Carver

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

a. Granted to: _____

b. No authority granted to: Gayle Carver


 Signature of authorized representative

Annie BERGER
 Typed or printed name of signature

Filing Fee: \$25.00
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