

L12000081300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

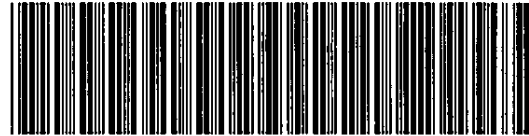
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FILED
14 MAY 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3:50pm MAY 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

JCLL, 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:

LISI ROSS

Name of Person

JCLL, LLC

Firm/Company

6022 FARCENDA PLACE, SUITE 101

Address

MELBOURNE, FL 32940

City/State and Zip Code

LISI.BREVARDELITE@GMAIL.COM

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

For further information concerning this matter, please call:

LISI ROSS

321

775-8120

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: JOLL, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000081300

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

6022 FARCENDA PLACE, SUITE 101

MELBOURNE, FL 32940

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

6022 FARCENDA PLACE, SUITE 101

MELBOURNE, FL 32940

14 MAY 19 PM 4:15
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

BREANNE BROWN OR JUSTIN BROWN

a. Granted to: _____

b. No authority granted to: N/A

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

BREANNE BROWN OR JUSTIN BROWN

a. Granted to: _____

b. No authority granted to: N/A


Signature of authorized representative

JUSTIN BROWN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)