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SECRETARY OF STATE

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SECRETARY OF STATE
DIVISION OF CURPORATION

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COVER LETTER-

Division of Corporations	
JMLC Development, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
James S. Morris, Esq.	
Name of Person	
James S. Morris, P.A.	
Firm/Company	
P.O. Box 291687	
Address	
Port Orange,FL 32129	
City/State and Zip Code	
joe.richart@icloud.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, p	please call:
Kim Flaherty	386 310-8784
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

TO:

Registration Section

STATEMENT OF AUTHORITY

OND: The Flo	rida Document Number of the limited liability company is: L1300003171	5		_
RD: The street	address of the limited liability company's principal office is:			
	inge, FL 32128	-		
	ing address of the limited liability company's principal office is:	-		
Port Ora	inge, FL 32128	_		
	atement of authority grants or sets limitations of authority on all persons havir in a company, whether as a member, transferee, manager, officer or otherwise ring:			
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