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## COVER LETTER

SUBJECT: JERMO & SONS INVESTMENTS LLC  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:  BULIE G. COHEN, ESQ.  Name of Person  Strock & Cohen, Zipper Law Group, P.A.  Firm/Company  1900 Glades Circle, Suite 750  Address  Weston, Florida 33327  City/State and Zip Code  ervisg andres@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:	Division of Corporations		
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:  JULIE G. COHEN, ESQ.  Name of Person  Strock & Cohen, Zipper Law Group, P.A.  Firm/Company  2900 Glades Circle, Suite 750  Address  Weston, Florida 33327  City/State and Zip Code  ervisg.andres@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  andres G. Jervis  393  3999901505	·		•
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andres G. Jervisat ()	jervisg.andres@gmail.com		
andres G. Jervis 593 999901505	E-mail address: (to be used for future annu	ual report notificatio	n)
at ()	For further information concerning this matter, plea	ase call:	
	Andres G. Jervis		999901505
	Name of Person		Daytime Telephone Number

**Mailing Address:** 

TO: Registration Section

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 liabili authority:	ity company submits the following statement of
FIRST: The name of the limited liability company is: JERMO & S	SONS INVESTMENTS LLC
SECOND: The Florida Document Number of the limited liability of	company is:
TH1RD: The street address of the limited liability company's princ 19222 Cristal Street	cipal office is:
Weston, FL 33332	
The mailing address of the limited liability company's pri	incipal office is:
Weston, FL 33332	
FOURTH: This statement of authority grants or sets limitations of position of a person in a company, whether as a member, transferee, person on the following:  1. May execute an instrument transferring real property here.  a. Granted to:  JULIE G. COHEN	manager, officer or otherwise or to a specific eld in the name of the company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or other a. Granted to:	rwise act for or bind, the company.
b. No authority granted to:	
Jack by	ANDRES M. JERVIS GONZALEZ
Signature of authorized representative Filing Fee: \$25.00	Typed or printed name of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)