



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000414002 3)))



H200004140023ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
JB INTERNATIONAL GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: JB INTERNATIONAL GROUP LLC

SECOND: The Florida Document Number of the limited liability company is: L13000071820

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

10820 SW 136 COURT MIAMI FL 33186

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

10820 SW 136 COURT MIAMI FL 33186

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: YELIPZA MEDALIT LOZANO

b. No authority granted to: _____

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

a. Granted to: YELIPZA MEDALIT LOZANO

b. No authority granted to: _____

2020 DEC -3 AM 11:18

Signature of authorized representative

JUANITA AVILA DE LA HAZA

Typed or printed name of signature

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