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## **C** EMMANUEL SHEPPARD & CONDON

ATTORNEYS AT LAW SINCE 1913

Sally B. Fox Attorney at Law 30 S Spring Street Pensacola, FL 32502 <u>Sfox@esclaw.com</u> | (850) 433-6581 | esclaw.com

May 16, 2024

**VIA MAIL DELIVERY** 

Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Statement of Authority - Clear Horizon Vessel, LLC and

Craig Jernigan Enterprises, LLC

Our File: 04942-163173

To Whom It May Concern:

Enclosed is our Check#158908 in the amount of \$50.00 for the recording of the Statement of Authority for Clear Horizon Vessel, LLC and for the recording of the Statement of Authority for Craig Jernigan Enterprises, LLC.

Sincerely,

Alisa Kiker for Sally B. Fox

lisa Kiker

/ajk Enclosures

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJE	CRAIG JERNIGAN ENTERPRISES, LLC							
CODOL	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encl	losed Statement of Authority and fee(s) are submitted for filing.							
Please re	eturn all correspondence concerning this matter to the following:							
CRAIC	G L. JERNIGAN, JR.							
	Name of Person							
CRAIC	G JERNIGAN ENTERPRISES, LLC							
	Firm/Company							
3155	GATEWAY LANE							
•	Address							
CANT	ONMENT, FLORIDA 32533							
	City/State and Zip Code							
For furth	E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:							
Crain	Name of Person at (Z51) 402-1857  Name of Person 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

authority:		605.0302(1), Florida Statutes, t	-		_
FIRST: T	ће пате (	of the limited liability company	y is: CRAIG JEI	RNIGAN ENTERPR	ISES, LLC
SECOND:	The Flo	rida Document Number of the	limited liability cor	mpany is:_L130001593	63
THIRD:	The street	address of the limited liability			
	CANTO	NMENT, FLORIDA 325	33		2024 HA
		ng address of the limited liabil	lity company's prin	cipal office is:	2024 HAY 21 AM 11: 29 SELIGITARY OF STATE TALLAHASSEE, FLORIO
<u> </u>	ANTO	NMENT, FLORIDA 325	33		1: 29 STATEA
position of person on t	a person he follow	kecute an instrument transferri	ember, transferee, n	nanager, officer or otherwised in the name of the compa	se or to a specific
	b.	No authority granted to:			_
2.	May e a.	nter into other transactions on  Granted to:			mpany.
	b.	No authority granted to:			
- full				CRAIG L. JERNIG	
Signature (	i authoria	zed representative Filing Certii	g Fee: \$25.00 fied Copy: \$30.00	Typed or printed name (optional)	of signature