

L14 000000 5803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

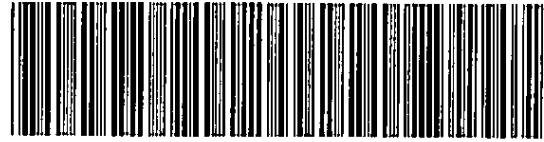
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONWEN 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:

WENDY MOORE
Name of Person

JONWEN INVESTMENTS LLC
Firm/Company

19490 SW 334 ST
Address

WOMESTEAD, FL 33034
City/State and Zip Code

WENDY MOORE20@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY MOORE at (305) 924-1715
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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 liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: JONWEN INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L14000005803

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

19490 SW 334 ST
HOMESTEAD, FL 33034

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

19490 SW 334 ST
HOMESTEAD, FL 33034

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: WENDY ANN MOORE

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: _____

b. No authority granted to: _____

W Moore
Signature of authorized representative

WENDY MOORE
Typed or printed name of signature

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