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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | · |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ві | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STALE DIVISION OF CORPORATION

Stortement Of Auth.
(10) 3/31/15

COVER LETTER

TO: Registration Section
Division of Corporations

JANS INVESTMENT COMPANY, LLC

| SUBJECT: | | |
|--|-------------------------|--------------------------|
| Name of Li | mited Liability Com | pany |
| Dear Sir or Madam: | | |
| The enclosed Statement of Authority and fee(s) are | submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following | : |
| NICHOLAS FELZEN | | |
| Name of Person | | |
| LAW OFFICES OF NICHOLAS FELZE | N, P.A. | · |
| Firm/Company | | |
| 60 EDGEWATER DRIVE, 15E | | |
| Address | | |
| CORAL GABLES, FL 33133 | | |
| City/State and Zip Code | | • |
| nfelzen@gmail.com | | |
| E-mail address: (to be used for future annu | ual report notification | n) |
| For further information concerning this matter, plea | se call: | |
| Paul Felzen | 212 at (| 751-5822 |
| 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

| Pursuant authority | | n 605.030 | 2(1), Florid | a Statutes, this | | • | | | | _ | |
|-----------------------|----------------------------------|------------------|------------------------------------|---|------------|------------|-------------------|-------------|----------------------|-------------|------------|
| FIRST: | The name | e of the l | mited liabil | ity company is | :: | S INVE | | | | INT, LL | |
| SECONI | D: The F | lorida Do | ocument Nur | nber of the lin | nited liab | oility con | npany is | L140 | 000966 | 641 | |
| | The stre | | | ted liability co | mpany's | s principa | al office | is: | | | PIS MAR 10 |
| | 60 Edg | ewate | Drive, 1 | 5E | | | | | | | 10 |
| | Coral (| Gables | FL 3313 | 3 | | | | | | _ | 3 |
| | The ma | | | mited liability | • | ıy's princ | • | | | | |
| • | 60 Edg | ewate | Drive, 1 | | | | | | | | |
| | Coral C | Gables | FL 3313 | 3 | | | · · · · · · = - · | | | | |
| position of person or | of a person the folloon. 1. May | n in a comowing: | mpany, when an instrumen Pau | grants or sets ther as a memb of transferring | oer, trans | sferee, m | anager, | officer of | r otherw the comp | ise or to | |
| | ł | o. No a | uthority grar | nted to: | | | | | | | |
| : | | | Pa | actions on beh ul Felzen | nalf of, o | or otherw | ise act fo | or or bin | d, the co | mpany. | |
| | ł | o. No a | uthority gran | nted to: | | | | | | | |
| Du | 1 | FL. | | <u>-</u> | | | Sallie | e Felze | n,Pres | sident o | of mgr |
| Signature | of author | rized rep | resentative | Filing Fe | ee: | \$25.00 | Туре | d or prir | ted name | e of sign | ature |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)