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DIVISION OF CORPORATIONS

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COVER LETTER

Registration Section
Division of Corporations

TO:

John Charles Jewelry and Wasubject:	atch Repair	
	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
John C. Walters		
Name of Person		
John Charles Jewelry and Watch Repair	Γ	
Firm/Company		
5180 SE Mariner Garden Circle		
Address		
Stuart, Florida 34997		
City/State and Zip Code		
Jaywalters84@gmail.com		
E-mail address: (to be used for future annua	al report notification	1)
For further information concerning this matter, please	e call:	
John C. Walters	772	200-0130
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:		G ADDRESS:
Registration Section Division of Corporations		on Section of Corporations
Clifton Building	P.O. Box 6327	

Tallahassee, Florida 32314

CR2E138 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:		
FIRST:	The name of the limited liability company is: John Charles Jewelry and Watch	Repair	-
SECON	ID: The Florida Document Number of the limited liability company is:		<u>-</u> -
THIRD:	: The street address of the limited liability company's principal office is: 5180 SE Mariner Garden Circle		
	Stuart, Florida		
	34997		
	The mailing address of the limited liability company's principal office is: 5180 SE Mariner Garden Circle		
	Stuart, Florida		
	34997		
position person o	 Th: This statement of authority grants or sets limitations of authority on all persons having to a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: May execute an instrument transferring real property held in the name of the company. a. Granted to:	r to a specific	
	b. No authority granted to:		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compar a. Granted to: John C. Walters	ıy.	
	b. No authority granted to: John C. Walters		
Signatur	re of authorized representative Typed or printed name of s Filing Fee: \$25.00	ignature	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)