## H16000042075

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## COVER LETTER-

	Registration Section Division of Corporations		
	L16000042075		
SUBJEC		imited Liability Comp	pany
Dear Sir o	or Madam:		
The enclo	sed Statement of Authority and fee(s) are	e submitted for filing.	
Please ret	urn all correspondence concerning this m	natter to the following:	
Richard	d Franzblau, Esq.		
	Name of Person		
Richard	d Franzblau LLC		
~ <del>~~~</del>	Firm/Company		
1802 N	. Alafaya Trail, Suite 150		
	Address		
Orland	o, FL 32826		
	City/State and Zip Code		
rdfranz	@rdfllc.com		
	E-mail address: (to be used for future ann	mal report notification	<u>)</u>
For furthe	er information concerning this matter, ple	ase call:	
Rick Fr	anzblau	407	770-2520
	Name of Person	at () Area Code	Daytime Telephone Number
Į	STREET/COURIER ADDRESS: Registration Section Division of Corporations	Registrati	G ADDRESS: on Section of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E138 (2/14)

Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST:	TRST: The name of the limited liability company is: JC INVESTMENTS FL, LLC				
	D: The Florida Document Number of the limited liability company is: L16000042075	5			
	7785 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747				
	The mailing address of the limited liability company's principal office is: 7785 W. IRLO BRONSON MEMORIAL HIGHWAY				
	KISSIMMEE, FL 34747				
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to:	or to a specific	- - - - -		
	b. No authority granted to:	fin a			
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to:	any.			
	b. No authority granted to:				
Signature	e of authorized representative  Filing Fee: \$25.00	PHAM signature	•		

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)