

L16000135193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

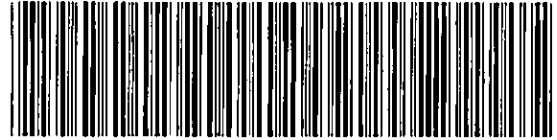
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JEI MANAGEMENT, 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:

KENNETH BOHANNON

Name of Person

CORONADO LAW GROUP, PLLC

Firm/Company

221 NORTH CAUSEWAY, SUITE A

Address

NEW SMYRNA BEACH, FL 32169

City/State and Zip Code

KBOHANNON@CFLLAWYER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH BOHANNON 386 427-5227  
Name of Person at ( 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: IEI MANAGEMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000135193

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

2170 W STATE ROAD 434

SUITE 400

LONGWOOD, FL 32779

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

2170 W STATE ROAD 434

SUITE 400

LONGWOOD, FL 32779

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: MARTHA PAEZ

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: MARTHA PAEZ

b. No authority granted to: \_\_\_\_\_

DocuSigned by:

*Martha Paez*

Signature of authorized representative

MARTHA PAEZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)