

(Requestor's Name)							
(Address)							
(Address)							
· · · · · · · · · · · · · · · · · · ·							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
,							





05/31/17=31026=317 #\$5.00



CRAMER, PRICE & de ARMAS, P.A.

ATTORNEYS AT LAW

1411 EDGEWATER DRIVE, SUITE 200 ORLANDO, FLORIDA 32804

CHARLES W. CRAMER*
R. DAVID de ARMAS
STEPHEN H. PRICE
CHAD A. SHIMEL

*ALSO ADMITTED IN GEORGIA

(407) 843-3300 FAX (407) 843-6300 www.cramerprice.com

OF COUNSEL: PHILIP A. THARP 1939-2003

May 24, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Statement of Authority

JP Winter Park Holdings, LLC Doc #L17000092134

CPD file reference: 17216

Dear Registration Representative:

Please find enclosed our firm check in the amount of \$55.00 for one (1) certified copy of the Statement of Authority for the JP Winter Park Holdings, LLC, a Florida limited liability company.

Also enclosed is a return envelope for your convenience in returning the certified copy back to this office.

Thank you for your assistance and cooperation in this request.

Yours very truly,

Donna R. Sawyer, A.L.S.

DRS/bms enclosures

COVER LETTER

	gistration Section vision of Corporations							
SUBJECT	JP Winter Park Holdings, L	LC						
Name of Limited Liability Company								
Dear Sir or	Madam:							
The enclose	ed Statement of Authority and fee(s) ar	e submitted for filing.						
Please retur	rn all correspondence concerning this n	natter to the following:						
Stephen	H. Price, Esq.							
	Name of Person							
Cramer,	Price & deArmas, P.A.							
	Firm/Company	_						
1411 Ed	gewater Drive, Suite 200							
	Address							
Orlando,	, FL 32804							
	City/State and Zip Code	· · ·						
sprice@	cramerprice.com							
E-	mail address: (to be used for future and	nual report notification)					
For further	information concerning this matter, ple	ease call:						
Donna F	R. Sawyer	407 at (843-3300					
	Name of Person	Area Code	Daytime Telephone Number					
Re Di Cli	REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327					

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant authority		05.0302(1), Florida Statut	es, this limited liabi	lity company submits the fol	lowing st	ateme	nt of
FIRST:	The name of	f the limited liability comp	pany is: JP Winte	er Park Holdings, LLC			
SECON	D: The Floo	ida Document Number of	the limited liability	company is: <u>L17000092</u>	134		
THIRD		address of the limited liab		ncipal office is:			
	Orlando	FL 32801					
		g address of the limited li range Avenue, Ste.	, , , ,	orincipal office is:			
	Orlando,	FL 32801			_		
position	of a person in the follow	n a company, whether as a ng:	member, transfered erring real property English	f authority on all persons have, manager, officer or otherw	tse or to	a speci	
	b.	No authority granted to:			FLOWID'S	7: 03	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2. May er a. b.	Granted to: Peggy A Jacquelyn E. Engli	. English	erwise act for or bind, the co			
Signatur	e of authoriz	Fi	ling Fee: \$25		e of signa	iture	