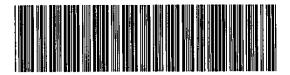
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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificate	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
JJ Renovations, LLC					
SUBJECT: Name of Lim	ited Liability Comp	pany			
Dear Sir or Madam:					
The enclosed Statement of Authority and fee(s) are su	ubmitted for filing.				
Please return all correspondence concerning this matt	ter to the following:				
Juan C. Perez					
Name of Person					
			ĀZ		
Firm/Company			E83.1	7 AU	
2511 Kingsway Rd			RETARY OF STATE	7 AUG 29 AM 7: 12	,
Address			 YOUN	≥	!
Seffner, FL 33584			FLO	بي	į
City/State and Zip Code			ATE RIDA	. 120	
vladkaperez@yahoo.com			14		
E-mail address: (to be used for future annua	al report notification	<u> </u>			
For further information concerning this matter, please	e call:				
Juan C. Perez	813	503-9553			
Name of Person	Area Code	Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314			

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority		ving stat	ement	of
FIRST:	The name of the limited liability company is: JJ Renovations, LLC			
SECON	D: The Florida Document Number of the limited liability company is: L1700010935			
THIRD:	The street address of the limited liability company's principal office is: 2511 Kingsway Rd, Seffner FL 33584	_		
	The mailing address of the limited liability company's principal office is: 2511 Kingsway Rd, Seffner FL 33584	SECRETAR IALLAHASS	17 AUG 28	bries Spring
bosinon (H: This statement of authority grants or sets limitations of authority on all persons havin of a person in a company, whether as a member, transferee, manager, officer or otherwise n the following:	Y OF STACES	州 沙尼	c
	May execute an instrument transferring real property held in the name of the compara. Granted to: Jose Galarza	1y. - -		
	b. No authority granted to:	-		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: Juan C. Perez Jose Galarza b. No authority granted to:	_		
Signaturo	b. No authority granted to: Av lador lorg Typed or printed name of state Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	_	 ure	