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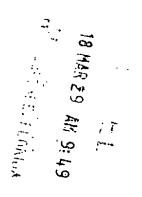
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
BranamJames Construction 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:
James Branam
Name of Person
BranamJames Construction LLC
Firm/Company
710 N 14th St
Address
Leesburg, FL 34748
City/State and Zip Code
Jimmy@branamjames.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Branam 352 430-5204
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

FIRST: The name of	of the limited liability company is: BranamJames Construction LL	_C
SECOND: The Flor	ida Document Number of the limited liability company is:	59
THIRD: The street 710 N 14	address of the limited liability company's principal office is:	
Leesburg	g, FL 34748	
	ng address of the limited liability company's principal office is:	_
	a, FL 34748	
position of a person	tement of authority grants or sets limitations of authority on all persons havin a company, whether as a member, transferee, manager, officer or otherwing:	ing the sta
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