L18000201792

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COVER LETTER

TO: Registration Section Division of Corporation	ons	
EPG RUSKIN,		
SUBJECT:	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Aut	hority and fee(s) are submitted for filing.	
Please return all correspondenc	ce concerning this matter to the following:	
BRIAN ROSE		_
Name	of Person	'N
EPG RUSKIN, LLC	Company JITE 201	ر ا ا م
Firm/	Company	w
111 S. ARMENIA AVE.: SU	JITE 201 7/10	
Add	dress	
TAMPA, FL 33609		
City/State an	nd Zip Code	
BROSE@EISENHOWERPRO	OPERTYGROUP.COM	
E-mail address: (to be	e used for future annual report notification)) (1)
For further information concer	rning this matter, please call:	70 SOF 73
BRIAN ROSE	813 610-3043	er -
Name of Per	son at ()	er =

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: ______ EPG RUSKIN, LLC SECOND: The Florida Document Number of the limited liability company is: L18000201792 THIRD: The street address of the limited liability company's principal office is: 111 S. ARMENIA AVE. SUITE 201 TAMPA, FL 33609 The mailing address of the limited liability company's principal office is: 111 S. ARMENIA AVE. SUITE 201 TAMPA, FL 33609 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. Granted to:___NICHOLAS J. DISTER No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to : ____NICHOLAS J. DISTER b. No authority granted to: JEFFERY S. HILLS Typed or printed name of signature Signature, of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Alson of corporation