

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L19000269208**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2020 AUG 31 P 14:50

2020 AUG 31 PM 3:18

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JENSEN CAP INVESTMENTS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$55.00 |

*State of Author*

**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: JENSEN CAP INVESTMENTS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L19000269208

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

1054 GATEWAY BLVD

STE 107

BOYNTON BEACH, FL 33426

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

105 FOULK ROAD

WILMINGTON, DE 19803

**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: STEPHEN COHEN

XX

b. No authority granted to: XX

XX

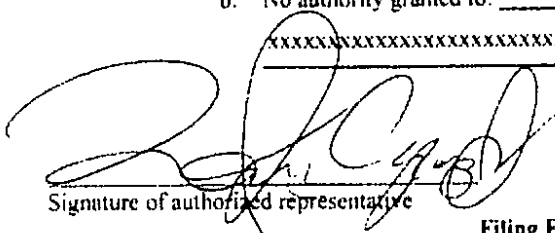
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: XX

XX

b. No authority granted to: XX

XX



Signature of authorized representative

Louis Cuyana Jr.  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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