L2000316758

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	usiness Entity Nam	e)
	ocument Number}	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
		2/16

Office Use Only



10/16/20--01002+-006 **210.00





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ACCESS,					
-	INC, 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
	WALK IN				
Р	ICK UP: <u>10/15/2020</u>				
CERTIFIED COPY					
] РНОТОСОРУ					
CUS					
¢ FILING	LLC STATEMENT OF AUTHORITY				
(CORPORATE NAME AND DO (CORPORATE NAME AND DO (CORPORATE NAME AND DO	DCUMENT #) DCUMENT #)	FII nd			
(CORPORATE NAME AND DO	OCUMENT #)				
(CORPORATE NAME AND DO	CUMENT #)				

COVER LETTER

TO: Registration Section Division of Corporations

JEN Tampa 3, LLC SUBJECT:

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:

Kristy Horan

Name of Person

Godbold, Downing, Bill & Rentz, P.A.

Firm/Company

222 W. Comstock Avenue, Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

khoran@gdb-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Horan	407	647-4418
	at ()
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

CR2E138 (2114)

STATEMENT OF AUTHORITY

Porsuant 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: ______

SECOND:	The Florida Document	Number of the	limited liability	y company is:
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THIRD: The street address of the limited liability company's principal office is:

3001 West Bay Villa Avenue

Tampa, FL 33611

The mailing address of the limited liability company's principal office is: 3001 West Bay Villa Avenue _____



QD

191153

Tampa, FL 33611

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:______Matt O'Brien and Ethan Leibowitz, each

in their capacity as Vice President

b. No authority granted to:

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

a. Granted to : _____ Matt O'Brien and Ethan Leibowitz,

each in their capacity as Vice President

b. No authority granted to: _____

<u> </u>			See attached Sig. Page
Signature of authorized representative			Typed or printed name of signature
1	Filing Fee:	\$25.00	
	Certified Copy: \$30.00 (optional)		optional)
Signature of authorized representative	Filing Fee:		Typed or printed name of signature optional)

Signature Page <u>To</u> Statement of Authority

JEN 6 LB LLC,

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a Delaware limited liability company

- By: JEN 6 LP, a Delaware limited partnership, its co-manager
 - By: JEN 6 GP LLC, a Delaware limited liability company, its general partner_1

ć. By: ______ Name: Ethan Leibowitz

Its: Vice President