

L21000085883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

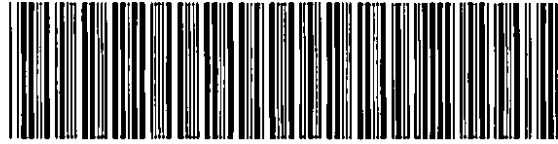
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2021 FEB 25 AM 3:43  
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V. GULKER  
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**CORPORATE  
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236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 02/26/2021

**XX** **CERTIFIED COPY** \_\_\_\_\_

☐ **PHOTOCOPY** \_\_\_\_\_

☐ **CUS** \_\_\_\_\_

**XX** **FILING** STATEMENT OF AUTHORITY

**CYRENE AT MINNEOLA, LLC**

(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

File 2nd

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cyrene at Minneola, 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:

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

at ( 407 ) 647-4418

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

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: Cyrene at Minneola, LLC

SECOND: The Florida Document Number of the limited liability company is: \_\_\_\_\_

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

680 Fifth Avenue

25th Floor

New York, NY 10019

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

680 Fifth Avenue

25th Floor

New York, NY 10019

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: Nathan Pile or Richard A. Jerman, 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: Nathan Pile or Richard A. Jerman, each in  
their capacity as Vice President

b. No authority granted to: \_\_\_\_\_

[Signature]  
Signature of authorized representative

Please see attached.

Typed or printed name of signature

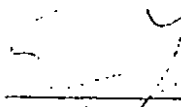
Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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Signature Page  
To  
Statement of Authority

JEN V GP LLC, a Delaware limited liability company

By:  \_\_\_\_\_

Name: Ethan Leibowitz

Its: Vice President