121000427713

(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:		
10/13/21		

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10/06/21--01017--010 **30.00

2021 OCT -6 PH 1: 27 SECRETARY OF STATE

COVER LETTER

	on of Corporations			
SUBJECT:	EPG TWO RIVERS NORTH, LLC Name of Limited Liability Company			
30031.01.				
Dear Sir or Ma	dam:			
The enclosed S	statement of Authority and fee(s) are submi	tted for filin	ıg.	
Please return a	ll correspondence concerning this matter to	the followi	ng:	Eff. 9-29-2
BRIAN ROSE	i.			9-29-2
	Name of Person			
EPG TWO RI	VERS NORTH, LLC			
	Firm/Company			
III S. ARME	NIA AVE.; SUITE 201			
	Address			
TAMPA, FL 3	3609			
	City/State and Zip Code	•	_ -	
brose@eisenh	owerpropertygroup.com			
E-ma	il address: (to be used for future annual rep	ort notificat	ion)	
For further info	ormation concerning this matter, please cal	l:		
Brian Rose		813	610-3043	

Mailing Address:

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

Name of Person

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

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 TWO RIVERS NORTH 2021-0CT -6 PH 1: 27

SECRETARY OF STATE

TALLATION OF STATE

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

L21000427713

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.		ecute an instrument transferring real property held in the name of the company.
	a.	Granted to: NICHOLAS J. DISTER
	b.	No authority granted to:
2.		iter into other transactions on behalf of, or otherwise act for or bind, the company.
	a.	Granted to:
	b.	No authority granted to:

Signature of authorized representative

JEFFERY S. HILLS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)