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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	EPGJAX INVESTMENTS, LLC		
	Name of Limi	ted Liability Compa	any
Dear Sir or M	adam:		
he enclosed	Statement of Authority and fee(s) are su	bmitted for filing.	
lease return	all correspondence concerning this matte	er to the following:	
BRIAN ROS	E		Eff. 5/23/22
	Name of Person		5/23/22
EPGJAX IN	VESTMENTS, LLC		100/20
·· =	Firm/Company	••	
III S. ARM.	ENIA AVE.; SUITE 201		
	Address		
TAMPA, FL	33609		
	City/State and Zip Code		
brose@eisen	nowerpropertygroup.com		
E-m	ail address: (to be used for future annual	report notification)	_
For further in	formation concerning this matter, please	call:	
Brian Rose		813 at ()	610-3043
	Name of Person	Area Code	Daytime Telephone Number

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:	EPGJAX INVESTMENTS, LLC
SECOND: The Florida Document Number of the limited	l liability company is:
THIRD: The street address of the limited liability compa	
SUITE 201	
TAMPA, FL 33609	
The mailing address of the limited liability con 111 S. ARMENIA AVE.	npany's principal office is:
SUITE 201	
TAMPA, FL 33609	
FOURTH: This statement of authority grants or sets limit position of a person in a company, whether as a member, person on the following: 1. May execute an instrument transferring real a. Granted to: NICHOLAS J. DISTER	transferee, manager, officer or otherwise er to a specific property held in the name of the company.
b. No authority granted to:	3: 52
May enter into other transactions on behalf a. Granted to : NICHOLAS J. DISTI	of, or otherwise act for or bind, the company.
b. No authority granted to:	
	JEFFERY S. HILLS
Signature of authorized representative Filing Fee: Certified Co	Typed or printed name of signature \$25.00 opy: \$30.00 (optional)