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## **COVER LETTER**

TO: Registration Section
Division of Corporations

EPGJAX2 INVESTMENTS, I. SUBJECT:	LC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are	e submitted for filin	g.		
Please return all correspondence concerning this m	natter to the following			
BRIAN ROSE		Eft. _ 5-23-22		
Name of Person				
EPGJAX2 INVESTMENTS, LLC				
Firm/Company		_		
111 S. ARMENIA AVE.; SUITE 201				
Address		_		
TAMPA, FL 33609				
City/State and Zip Code		<del>-</del>		
brose@eisenhowerpropertygroup.com				
E-mail address: (to be used for future ann	ual report notificati	on)		
For further information concerning this matter, ple	ase call:			
Brian Rose	813	610-3043		
Name of Person	at ( 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:	EPGJAX2 INVESTMENTS, LLC	
SECON	D: The Florida Document Number of the limited	liability company is:	
THIRD:	The street address of the limited liability compa-	ny's principal office is:	
	SUITE 201	<del>-</del>	
	TAMPA, FL 33609		
	The mailing address of the limited liability com	pany's principal office is:	
	SUITE 201		
	TAMPA, FL 33609		
	n the following:  1. May execute an instrument transferring real particle.  a. Granted to: NICHOLAS J. DISTER	SEE, FLANGE	FILED
		of, or otherwise act for or bind, the company.	
	b. No authority granted to:	JEFFERY S. HILLS	
Signatur	e of authorized representative Filing Fee:	Typed or printed name of signature \$25.00	_