L22000211357

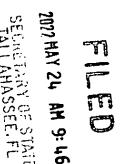
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CHRII	rcT.	EPG FIRST C	

SUBJECT:	EPO PIRST COAST COMMERCIAL INVESTMENTS, ELC				
_	Name of Limited	Liability Com	pany		
Dear Sir or Mad	lam;				
The enclosed St	atement of Authority and fee(s) are subm	itted for filing.			
Please return all	correspondence concerning this matter t	o the following	r.CC		
BRIAN ROSE			5/23/22		
	Name of Person		5/23/22		
EPG FIRST CO	DAST COMMERCIAL INVESTMENTS	, LLC	7/2-1/2-2		
· · ·	Firm/Company		-		
III S. ARMEN	IIA AVE.; SUITE 201				
	Address		•		
TAMPA, FL 3	3609				
	City/State and Zip Code				
brose@eisenho	werpropertygroup.com				
E-mai	address: (to be used for future annual re	port notification	n)		
For further info	rmation concerning this matter, please cal	H:			
Brian Rose	at	813	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:	
EPG FIRST COAST COMMERC	CIAL INVESTMENTS, LLC
SECOND: The Florida Document Number of the limite	d liability company is: L22000211357
THIRD: The street address of the limited liability comp 111 S. ARMENIA AVE.	any's principal office is:
SUITE 201	2022 Տዲს ТА
TAMPA. FL 33609	En X
The mailing address of the limited liability con	mpany's principal office is:
SUITE 201	
TAMPA, FL 33609	i in the
a. Granted to: NICHOLAS J. DISTE	R
, -	
	f of, or otherwise act for or bind, the company.
b. No authority granted to:	
	JEFFERY S. HILLS
Signature of authorized representative Filing Fee:	Typed or printed name of signature \$25.00 [optional]