122000334203

Office Use Only



800398138548

12/07/22--01006--025 **50.00

A. RIVERS FEB 2 8 2023

	COVER LETTER	
TO: Registration Section Division of Corporations		•
JLF Grobe, LLC SUBJECT:		
	Name of Limited Liability Cor	npany
Dear Sir or Madam:		
The enclosed Statement of Authority	and fee(s) are submitted for filing	3.
Please return all correspondence con	cerning this matter to the following	g:
Luca Di Nunzio		
Name of Pe	rson	_
Dorcey Law Firm		
Firm/Compa	any	_
10181 Six Mile Cypress Pkwy, Suite	e C	
Address		_
Fort Myers, FL 33966		
City/State and Zip	Code	_
support@dlfregisteredagent.com		
E-mail address: (to be used	for future annual report notification	on)
For further information concerning the	his matter, please call:	
Luca Di Nunzio	239 at (418-0169
Name of Person	Area Code	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporation P.O. Box 6327	ns	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		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:

NAME OF LLC: JLF GROBE, LLC

FLORIDA LLC DOCUMENT NUMBER: L22000334203

PRINCIPAL OFFICE ADDRESS: 269 South St, Northborough, MA 01532

MAILING ADDRESS: 269 South St, Northborough, MA 01532

MANAGER: Leisha B. Fontecchio

Below is the authority given to Leisha B. Fontecchio, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

\boxtimes	All Authorization to act on behalf of the LLC, including but not limited to the Options
Listed	Below (Unlimited Authority).
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property
Owned	by the LLC.
	He/She has Authority to Purchase Property in the Name of the LLC.
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real
Propert	ly.
	He/She has authority to Open Bank Account(s) in Name of the LLC.
	He/She has authority to Close Bank Account(s) Owned by the LLC.
	He/She has authority to Use. Execute, Negotiate, and/or Assign LLC Debit/Credit Cards
and/or	other instruments of payment on behalf of the LLC.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal
Propert	ty (Ex: Vehicles/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex:
Vehicle	es/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.

Page 1 of 2
Statement of Authority for Leisha B. Fontecchio

	He/She has authority to Enter into Contract(s) for the Purchase of Services.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.	
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on	
behalf	of the LLC.	
	He/She has authority to File Annual Reports with State of Florida.	
	He/She has authority to Amend Annual Reports with State of Florida.	
	He/She has authority to File Statement of Authority(s) with State of Florida.	
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of	
Florida	a.	
	He/She has authority to Amend Articles of Organization.	
If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.		
JLF GROBE, LLC;		
By: Jeffrey Fontechio Sr.		
Print N	Name: Jeffrey J. Fontecchio, Sr.	
Title: 1	Manager	