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COVER LETTER

TO:

Registration Section Division of Corporations

EPG TWO RIVERS QOZB 2022, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Eft. 1-11-2023 **BRIAN ROSE** Name of Person EPG TWO RIVERS QOZB 2022, LLC Firm/Company 111 S. ARMENIA AVE.; SUITE 201 Address **TAMPA, FL 33609** City/State and Zip Code brose@eisenhowerpropertygroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian Rose

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

STATEMENT OF AUTHORITY

authority:	this timited hability company submits the following statement of
FIRST: The name of the limited liability company	y is: EPG TWO RIVERS QOZB 2022, LLC
SECOND: The Florida Document Number of the	limited liability company is: L23000024960
THIRD: The street address of the limited liability 111 S. ARMENIA AVE.	
SUITE 201	2023
TAMPA, FL 33609	
The mailing address of the limited liabil	1470 27
SUITE 201	ESTAT FL
TAMPA, FL 33609	, E. C
<u>.</u>	ng real property held in the name of the company. DISTER
b. No authority granted to:	
May enter into other transactions on a. Granted to: NICHOLAS J.	behalf of, or otherwise act for or bind, the company. DISTER
b. No authority granted to:	
1	JEFFERY S. HILLS
Signature of authorized torresentative Filing	Typed or printed name of signature g Fee: \$25.00 fied Copy: \$30.00 (optional)