123000251465

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	IAIL
(Business Entity Name)	
(Document Number)	
(Document Nutriber)	
Certified Copies Certificates of Status	<u></u>
Special Instructions to Filing Officer:	
J DENNIS	
JUL 2 7 2023	
<u></u>	

Office Use Only



700409224067

05/25/23--81018--004 **30.00

COVER LETTER

City/State and Zip Code

TAMPA, FL 33609

111 S. ARMENIA AVE.; SUITE 201

brose@eisenhowerpropertygroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Address

Brian Rose 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 tauthority:	to section 605.0302(1), Florida Statutes, this limited liability co	mpany submits the following sta	atemen	t of
FIRST:	The name of the limited liability company is: JSH SM-Ruskin	Development II, LLC		
SECONE	D: The Florida Document Number of the limited liability compa	any is:		
	The street address of the limited liability company's principal of the S. ARMENIA AVE.	office is:		
;	SUITE 201			
<u>-</u>	TAMPA, FL 33609			
	The mailing address of the limited liability company's princip	al office is:		
:	SUITE 201			
-	TAMPA, FL 33609			
1	May execute an instrument transferring real property held in a. Granted to: NICHOLAS J. DISTER	• •		
	b. No authority granted to:		2023 MAY 2	-Eureta
2	2. May enter into other transactions on behalf of, or otherwise a. Granted to: NICHOLAS J. DISTER	e act for or bind, the company.	25 AM 10: 35	RY OF STATE
	b. No authority granted to:		-	1 8 0
		EFFERY S. HILLS		
Signature 2	of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (or	Typed or printed name of signa otional)	ture	