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COVER LETTER

TO: Registration Section Division of Corporations

JSH BRADDOCK DEVELOPMENT, 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:

BRIAN ROSE

Name of Person

JSH BRADDOCK DEVELOPMENT, LLC

Firm/Company

111 S. ARMENIA AVE.; SUITE 201

Address

TAMPA, FL 33609

City/State and Zip Code

brose@cisenhowerpropertygroup.com

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

For further information concerning this matter, please call:

 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

CR2E138 (2/14)

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

SECOND: The Florida Document Number of the limited liability company is: ______

THIRD: The street address of the limited liability company's principal office is:

111 S. ARMENIA AVE.

SUITE 201

TAMPA, FL 33609

The mailing address of the limited liability company's principal office is:

111 S. ARMENIA AVE.

SUITE 201

TAMPA, FL 33609

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

	nt transferring real property h	ield in the name of the comparison		
a. Granted to:	HOLAS J. DISTER			-7-1
			2023 NOV 2	
			SEE	
b. No authority gra	nted to:			
			H 8:08	\cup
2. May enter into other tran	sactions on behalf of, or othe	rrwise act for or hind the cor		
a. Granted to :	CHOLAS J. DISTER			
	<u></u>			
b. No authority gra	nted to:			
1				
			<u> </u>	
		JEFFERY S. HILLS		
Signature of authorized representative	Filing Fee: \$25.	Typed or printed name 00	: of signature	
-	Certified Copy: \$30.	00 (optional)		

CR2E138 (2/14)