

L24000159170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

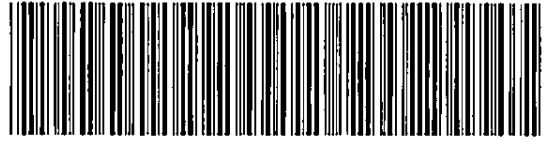
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JES PLUMBING, LLC
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:

JONATHAN HATHORN
Name of Person

JES PLUMBING, LLC
Firm/Company

6208 E. COLUMBUS DR.
Address

TAMPA, FL 33619
City/State and Zip Code

JONATHAN@HATHORNCOMPANIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN HATHORN at (813) 557-5332
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: JES PLUMBING, LLC

SECOND: The Florida Document Number of the limited liability company is: L24000159170


THIRD: The street address of the limited liability company's principal office is:
6208 E. COLUMBUS DR.
TAMPA, FL 33619

The mailing address of the limited liability company's principal office is:
6208 E. COLUMBUS DR.
TAMPA, FL 33619

SECTION 605.0302(1)
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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:

- 1. May execute an instrument transferring real property held in the name of the company:
 - a. Granted to: _____
 - b. No authority granted to: _____
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
 - a. Granted to: JEFFREY HATHORN
AS AN "OFFICER"
 - b. No authority granted to: _____


Signature of authorized representative

JONATHAN HATHORN
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)