

L21000085883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

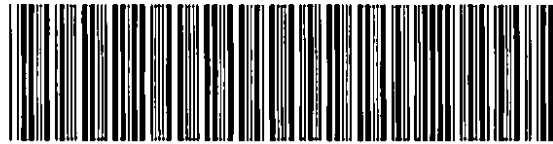
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
ACCESS,
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236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: 02/26/2021

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** STATEMENT OF AUTHORITY

CYRENE AT MINNEOLA, LLC
(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

File 2nd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cyrene at Minneola, 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:

Kristy Horan

Name of Person

Godbold, Downing, Bill & Rentz, P.A.

Firm/Company

222 W. Comstock Avenue, Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

khoran@gdb-law.com

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

For further information concerning this matter, please call:

Kristy Horan

Name of Person

at (407) 647-4418

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Cyrene at Minneola, LLC

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

THIRD: The street address of the limited liability company's principal office is:
680 Fifth Avenue
25th Floor
New York, NY 10019

The mailing address of the limited liability company's principal office is:
680 Fifth Avenue
25th Floor
New York, NY 10019

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: Nathan Pile or Richard A. Jerman, each in
their capacity as Vice President

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: Nathan Pile or Richard A. Jerman, each in
their capacity as Vice President

b. No authority granted to: _____

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DEPT. OF STATE

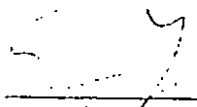
[Signature]
Signature of authorized representative

Please see attached.
Typed or printed name of signature

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

Signature Page
To
Statement of Authority

JEN V GP LLC, a Delaware limited liability company

By:  _____

Name: Ethan Leibowitz

Its: Vice President