

L14000189061

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BRANT, REITER, MCCORMICK & JOHNSON, P.A.
Account Number : I20040000043
Phone : (904)358-2750
Fax Number : (904)353-1166

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tareiter@barujlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHG REAL ESTATE, LLC

Certificate of Status	0
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FEB 13 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHG REAL ESTATE, 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:

THOMAS M. REITER, ESQ.

Name of Person

BRANT REITER MCCORMICK & JOHNSON, P.A.

Firm/Company

135 WEST BAY STREET, SUITE 400

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

tmreiter@barmjlaw.com

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

For further information concerning this matter, please call:

REBECCA CANALES

at (904)

366-2384

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

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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:

FIRST: The name of the limited liability company is: PHG REAL ESTATE, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000189061

THIRD: The street address of the limited liability company's principal office is:
6491 POWERS AVENUE
JACKSONVILLE, FL 32217

The mailing address of the limited liability company's principal office is:
6491 POWERS AVENUE
JACKSONVILLE, FL 32217

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: DAVID F. GRAY

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: DAVID F. GRAY

b. No authority granted to: _____


Signature of authorized representative

PATRICIA A. HORNER, MANAGER

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$36.00 (optional)

CR2E138 (2/14)

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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