## L13000156709

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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	gistration Section vision of Corporations			"	4
SUBJECT	H&H REAL ESTATE INVESTING, LLC				
	Name of Limited Lia	bility Compa	ny	<del></del> -	_
Dear Sir or	Madam;				
The enclose	ed Statement of Authority and fee(s) are submittee	I for filing.			
Please retur	n all correspondence concerning this matter to the	following:			
HUNTER	HAYDEN				
	Name of Person				
н&н кеа	I. ESTATE INVESTING, LLC				
	Firm/Company	<del></del>			
9310 OLD	KINGS ROAD S, SUITE 1702				
	Address	·			
JACKSON	VILLE, FL 32257				
	City/State and Zip Code				
hunter@ha	ydenhawk.com				
E-	-mail address: (to be used for future annual report	notification)	<del></del>		
For further	information concerning this matter, please call:				
HUNTER	HAYDEN	904	742-2658		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Area Code

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

## STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the followy:	ing statement of
FIRST:	The name of the limited liability company is: H&H REAL ESTATE INVESTING, LLC	<del></del>
SECON	D: The Florida Document Number of the limited liability company is: L13000156709	
THIRD	: The street address of the limited liability company's principal office is: 9310 OLD KINGS ROAD S, SUITE 1702	
	JACKSONVILLE, FL 32257	
	The mailing address of the limited liability company's principal office is: 9310 OLD KINGS ROAD S, SUITE 1702	
	JACKSONVILLE, FL 32257	
position	Th: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the compan a. Granted to:  CHERYL LYNCH	or to a specific
	b. No authority granted to:	
	May enter into other transactions on behalf of, or otherwise act for or bind, the comp     a. Granted to:  CHERYL LYNCH	any,
	b. No authority granted to:	- -
#1/2	HUNTER HAYDEN, MA	
Signatur	of authorized representative Typed or printed name o	f signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)