

214000119056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CADH, 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:

Jacalyn N. Kolk, Esq.

\_\_\_\_\_  
Name of Person

Jacalyn N. Kolk, P.A.

\_\_\_\_\_  
Firm/Company

P.O. Box 59462

\_\_\_\_\_  
Address

Panama City, FL 32412

\_\_\_\_\_  
City/State and Zip Code

jackie@kbcpc.com

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

For further information concerning this matter, please call:

Jacalyn N. Kolk, Esq.

at ( 850 )

624-9762

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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: CADH, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000119056

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

4116 Highway 231

Panama City, FL 32404

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

P.O. Box 59462

Panama City, FL 32412

**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.

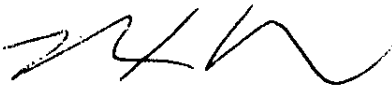
a. Granted to: Manager Only - ROBERT N. HUMBLE

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: Manager Only - ROBERT N. HUMBLE

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

ROBERT N. HUMBLE

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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