

L16000023542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

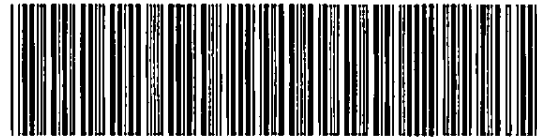
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2017

DUANE ROMANELLO
1919 BLANDING BLVD
JACKSONVILLE, FL 32210

SUBJECT: JAX HOME PRO, LLC
Ref. Number: L16000023542

We have received your document for JAX HOME PRO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 517A00022872

R.
7/11
CRI
AT
3/11/2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jax Home Pro, 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:

Duane Romanello

Name of Person

Firm/Company

1919 Blanding Blvd

Address

Jacksonville, FL 32210

City/State and Zip Code

reoderek@comcast.net

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

For further information concerning this matter, please call:

Duane Romanello

904

384-1441

at ()

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

NO 57

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: Jax Home Pro, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000023542

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

11271 ~~11751~~ Kingsley Manor Way

Jacksonville, FL 32225

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

See above

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: Derek Wiggins or Brian Kolke

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: Derek Wiggins or Brian Kolke

b. No authority granted to: _____

Derek Wiggins
Signature of authorized representative

Derek Wiggins

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
17 NOV 29 AM 2:18
JACKSONVILLE