

L16000023542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

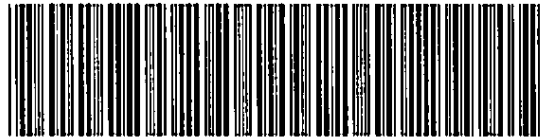
(Business Entity Name)

(Document Number)

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18 MAY 17 AM 11:21
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JULIA M. BROWN
CLERK OF COURT

O SIMMONS

MAY 18 2018

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 fees 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

Name of Person

904

Area Code

384-1441

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 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:

1127 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 state 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: _____


Signature of authorized representative

Derek Wiggins
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$50.00 (optional)