

114 0000 30226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

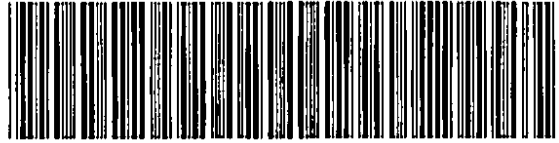
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FILED
2022 MAR 16 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FL.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advantage Housing Solutions 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:

Febsheka Campbell
Name of Person

Advantage Housing Solutions
Firm/Company

2621 SW Feather Terr
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

febsheka@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Febsheka Campbell at (954) 696-1350
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

STATEMENT OF AUTHORITY

FILED

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: Advantage Housing Solutions LLC

2022 MAR 16 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L16000030226

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

2621 SW Feather Terr
Port Saint Lucie, FL 34953

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

2621 SW Feather Terr
Port Saint Lucie, FL 34953

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: Norice Campbell, Elaine Campbell,
Felshaka Campbell

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: Norice Campbell,
Elaine Campbell, Felshaka Campbell

b. No authority granted to: _____

[Signature]
Signature of authorized representative

Felshaka Campbell
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)