# 1160002330815

(Requestor's Name)
(Address)
(Address)
(Madicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dailyan Faith Mana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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#### **COVER LETTER**

**TO**: Registration Section

Division of Corporations

end reer.	FAIR HOME	OFFER	S, LLC		
SUBJECT: Name of Limited Liability Company					
Dear Sir or Madam	:				
The enclosed States	ment of Authority and fee(s) are	submitt	ed for filin	g.	
Please return all co	respondence concerning this m	atter to (	he followi	ng:	
HUNTER HAYDE	N				
· · · · · · · · · · · · · · · · · · ·	Name of Person	••		_	
FAIR HOME OFF	ERS, LLC				
	Firm/Company				
9310 OLD KINGS	ROAD S, SUITE 1702				
	Address	-			
JACKSONVILLE,	FL 32257				
C	ity/State and Zip Code			_	
hunter@haydenhav	vk.com				
E-mail ad	dress: (to be used for future ann	ual repo	rt notificat	ion)	
For further informa	tion concerning this matter, plea	ase call:			
HUNTER HAYDE	:N	at (	904	)	742-2658
	fame of Person		Area Cod	<u>.                                    </u>	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

uthority:		R HOME OFFERS. LLC
TRST:	The name of the limited liability company is: FAH	
ECONI	D: The Florida Document Number of the limited lia	bility company is:
HIRD:	The street address of the limited liability company' 9310 OLD KINGS ROAD S, SUITE 1702	s principal office is:
-	JACKSONVILLE, FL 32257	E SECRETARIAN SECR
-	The mailing address of the limited liability comparent 9310 OLD KINGS ROAD S, SUITE 1702	ny's principal office is:
-	JACKSONVILLE, FL 32257	THE SECOND
	May execute an instrument transferring real pro     BRITTANY HYERS     a. Granted to:	
	b. No authority granted to:	
<u>:</u>	May enter into other transactions on behalf of, of a. Granted to:    BRITTANY HYERS	or otherwise act for or bind, the company.
	b. No authority granted to:	
K	12 And	HUNTER HAYDEN, MANAGER
Signature	of authorized representative Filing Fee:	Typed or printed name of signature \$25.00

CR2E138 (2/14)