

Feb. 22. 2017 1:27PM

No. 0216 P. 1

2/22/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MILAM HOWARD, ET.AL.
Account Number : I20000000206
Phone : (904)357-3660
Fax Number : (904)357-3661

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ahoward@milamhoward.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
F&H PROPERTIES, LLC**

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FEB 23 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F & H Properties, 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:

G. Alan Howard

Name of Person

Milam Howard Nicandri Gillam & Renner, P.A.

Firm/Company

14 E. Bay Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

ahoward@milamhoward.com

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

For further information concerning this matter, please call:

G. Alan Howard

Name of Person

at (904)

Area Code

357-3660

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

11-EC
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 22 AM 10:42

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: F & H Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000013470

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

711 Margaret Street

Jacksonville, Florida 32204

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

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.

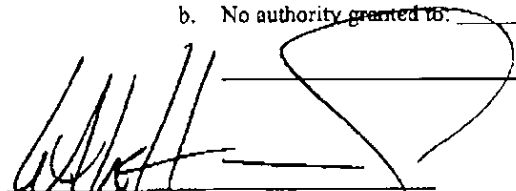
a. Granted to: Wanda Franklin and Michael Hodges, jointly

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: Wanda Franklin and Michael Hodges, jointly

b. No authority granted to: _____


Signature of authorized representative

G. Alan Howard

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

17 FEB 22 AM 10:12
STATE DEPT OF
TALLAHASSEE, FL