

L18000125201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

NOV 3 2021

Office Use Only



100375406471

10/22/21--01020--018 \*\*25.00

PAID  
2021 OCT 22 PM 1:12  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAW Horizons 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:

Carolyn Homberger

Name of Person

JAW Horizons LLC

Firm/Company

7705 Santa Margherita Way

Address

Naples, FL 34109

City/State and Zip Code

cbhomberger@gmail.com

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

For further information concerning this matter, please call:

Carolyn Homberger

at ( 216 )

702-5633

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

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: JAW Horizons LLC

2021 OCT 22 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECOND: The Florida Document Number of the limited liability company is: L18000135301

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

7705 Santa Margherita Way

Naples, FL 34109

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

7705 Santa Margherita Way

Naples, FL 34109

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.

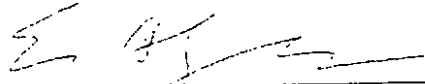
a. Granted to: Carolyn Homberger

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: Carolyn Homberger

b. No authority granted to:

  
Signature of authorized representative

Eric Homberger

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)