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





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08/14/20--01020--007 **39.38

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: UR HOME US 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:

SA SMITH TRUSTEE

NANNVTRVTDIIS

Firm/Company

5337 N SOCRUM LOOP NO. 158

Address

LAKELAND FL 33800

City/State and Zip Code

THETRUSTEEUS @ GMAIL. COM

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

For further information concerning this matter, please call:

SA SMITH TRUSTEE

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

authority:		ng stateme	nt of
FIRST:	The name of the limited liability company is: UR HOME US	<u> </u>	<u>C</u> _
SECONI	D: The Florida Document Number of the limited liability company is: L 20000:	2160	33
	The street address of the limited liability company's principal office is:		
	5337 N SOCRUM LOOP NO. 158		
	LAKELAND, FL 33809		
	The mailing address of the limited liability company's principal office is:		
	SAME AS ABOVE		
	of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: SA SMITH	y.	SEVIC. 1 31V18138 1
		•	HATE STREET
	b. No authority granted to:		AMII: 12
			12 12
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: SA SMTTH	any.	•
	b. No authority granted to:	-	
Sa.	Smith so huster for Rosenand Rosen AND	ンベエ	<u>R</u> K TRUS
Signatur	re of authorized representative Filing Fee: S25.00 Certified Copy: \$30.00 (optional)	of signature	•