

121 000328864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

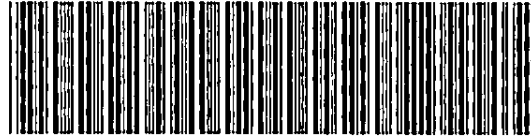
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JaxSat Group 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:

Sara Hamblin

Name of Person

JaxSat Group LLC

Firm/Company

13361 Atlantic Blvd

Address

Jacksonville FL 32225

City/State and Zip Code

Sara@yellowbirdre.com

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

For further information concerning this matter, please call:

Sara Hamblin

Name of Person

at (315)

Area Code

269-7420

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: TaxSat Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000328864

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

13245 Atlantic Blvd Suite 4-146
Jacksonville FL 32225

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

13245 Atlantic Blvd Suite 4-146
Jacksonville FL 32225

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: Sara Hambun

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: Sara Hambun

b. No authority granted to: _____

Da PL
Signature of authorized representative

Patrick Flynn
Typed or printed name of signature

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