

L21 000 328 864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

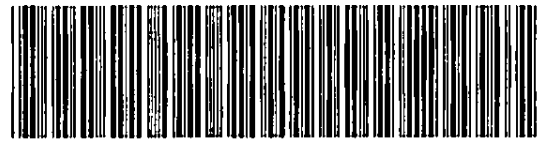
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COVER LETTER

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:

Ben Hartung
Name of Person

Jaxsat Group LLC
Firm/Company

13361 Atlantic Blvd
Address

Jacksonville FL 32225
City/State and Zip Code

ben@yellowbirdre.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Hartung at (904) 982-3593
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

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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: TaxSav 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: Ben Hartung

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: Ben Hartung

b. No authority granted to: _____

Pa Pa
Signature of authorized representative

Patrick Flann
Typed or printed name of signature

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

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