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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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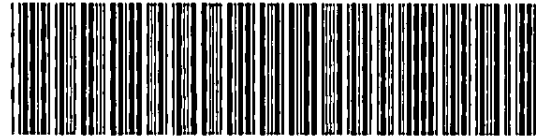
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BHKN III 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

BHKN III 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 at (315) 269-7420
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: BHKN III LLC

SECOND: The Florida Document Number of the limited liability company is: L21000328888

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 Hamblin

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 Hamblin

b. No authority granted to: _____

Pa Du
Signature of authorized representative

Patrick Flynn
Typed or printed name of signature

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

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