

L22000 117SS6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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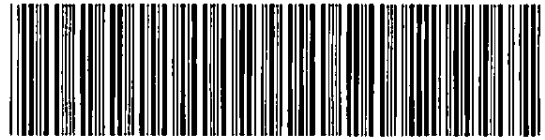
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAIR CARE, 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:

Timothy K. Anderson, Esq.

Name of Person

Law Office of Timothy K. Anderson

Firm/Company

480 Maplewood Drive, Suite 5

Address

Jupiter, FL 33458

City/State and Zip Code

tpanch@me.com

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

For further information concerning this matter, please call:

Timothy K. Anderson, Esq

at (561)

744-8255

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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TALLAHASSEE, FL

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: FAIR CARE, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000117556

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

9726 1167th Place N.

Jupiter, FL 33478

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

9726 167th Place N

Jupiter, FL 33478

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: Theresa Ann Panchura and to Koginka K. Xue as Managers

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: Theresa Ann Panchura and to Koginka K. Xue as Managers

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Koginka K. Xue, as sole Member of LL

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FL

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