

L22000275047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BHKN IV 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

BHKN IV 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 ) 982-3513  
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: BARN IV LLC

**SECOND:** The Florida Document Number of the limited liability company is: L22000275047

**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 P  
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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