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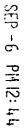
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| , |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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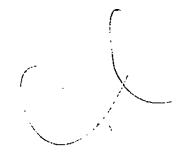




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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--------------------------------------|-----------------------|
| SUBJECT: BH LW IV LLC Name of Limited Liability Compan | у | _ |
| 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: | | |
| Blu Harry | | |
| BHKW IL LLC | | |
| Firm/Company | | 2022 |
| 15361 Attache Bird | | SEP |
| Address | | 9- |
| Jacksonville Fr 32225 | | PHI |
| City/State and Zip Code | - : : | 2022 SEP -6 PH 12: 44 |
| E-mail address: (to be used for future annual report notification) | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Ben Hanting at (904) Name of Person Area Code | 982-3513 Daytime Telephone Number | |
| Name of Person Area Code | Daytime Telephone Number | |
| Mailing Address: Str | eet Address: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: BHRW IV LLC | | |
| SECOND: The Florida Document Number of the limited liability company is: L220002 | . 750 | 47 |
| THIRD: The street address of the limited liability company's principal office is: | | |
| 13245 Affantic Blue Sicite 4-146 | | |
| Jack Sinville Fl 32225 | | |
| The mailing address of the limited liability company's principal office is: | | |
| 13245 Alauti Blud Suite 4.146 | | |
| Jacksonville FL 32225 | | |
| FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Bell Harry | to a \$2022 SEP -6 | eific |
| b. No authority granted to: | PH 12: 44 | |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compania. Granted to: Ben Harry | y. | |
| b. No authority granted to: | | |
| Signature of authorized representative Patrick Flying Typed or printed name of s | | _ |
| Signature of authorized representative Typed or printed name of s Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | ignature | |