

I, Dale Jarosz

COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

_(license holder name), licensed qualifier

for GenerX Generators, LLC	(company name) do cartify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an	
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said	
person(s) is/are under my direct supervision and	
sign permits; call for inspections and sign subcontractor verification forms on my behalf.	
Printed Name of Person Authorized	Signature of Authorized Person
_{1.} Laura McKinlay	1.
2.	2.
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible for all permits purchased, and all work done	
under my license and fully responsible for compliance with all Florida Statutes, Codes, and	
Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents,	
officers, or employees and that I have full responsibility for compliance with all statutes, codes	
and ordinances inherent in the privilege granted by issuance of such permits.	
If at any time the person(s) you have authorized is/are no longer agents, employee(s), or	
officer(s), you must notify this department in writing of the changes and submit a new letter of	
authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.	
anadironzed persons to use your marie and/or neerise named to obtain permits.	
Dala h	EC /3009069 10/6/25 License Number Date
Licensed Qualifiers Signature (Notarized)	License Number Date
NOTARY INFORMATION:	
STATE OF: Florida COUNTY OF: Flagler	
1 7	
The above license holder, whose name is Dale Jarosz,	
personally appeared before me and is known by me or has produced identification (type of I.D.) on this & day of October, 20 25.	
(type of 1.b.) day of OCIOGG , 20 QC.	
1/1, 1/4	
NOTARY'S SIGNATURE	 (Seal/Stamp)
1	THERESA MITCHEM
Notary Public	
ACE 1	State of Florida
	S commt HH274474

Expires 6/9/2026