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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 : (561)842-4104 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO:	Registration Section Division of Corporations		
ermo)	IMPACT LANDSCAPING & IRR	IGATION, LLC	
SUBJ	Name of	Limited Liability Comp	any
Dear S	ir or Madam:		
The er	iclosed Statement of Authority and fee(s) a	are submitted for filing.	
Plcasc	return all correspondence concerning this	matter to the following:	
DOU	GLAS P. LAMBERT, ESQ.		
	Name of Person		
Coher	n Norris Wolmer Ray Telepman Berkowitz	. Cohen	
	Firm/Company		
712 L	.S. Highway One, Suite 400		
	Address		
North	Palm Beach, FL 33408		
	City/State and Zip Code		
KD@	COHENNORRIS.COM		
	E-mail address: (to be used for future a	nnual report notification)
For fi	rther information concerning this matter, p	olease call:	
Karin	Drakas	561 at ()	844-3600)
	Name of Person	Arca 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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

a sharing	to section 605.0302(1), Florida Sta :				
FIRST:	T: The name of the limited liability company is: IMPACT LANDSCAPING & IRRIGATION, LLC				
SECON	D: The Florida Document Number	r of the limited liability co			
	The street address of the limited l	liability company's princi		TILEL SI 13	
	SUITE 700			製るに	
	JUPITER, FL 33458			SST	
	The mailing address of the limite	ed liability company's pri	ncipal office is:	5: 10	
	SUITE 700				
	JUPITER, FL 33458				
person o	n the following: 1. May execute an instrument tra a. Granted to:		eld in the name of the compat	ny. _	
	b. No authority granted	to: Edward S. Mann		_	
	-	tions on behalf of, or othe	rwise act for or bind, the com	pany.	
	b. No authority granted	d to: Edward S. Mann		- -	
Signatu	est authorized representative		Gary A. Isaacs Typed or printed name	of signature	
	•	Certified Copy: \$30.0			