

L09000087455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 OCT 17 P 2:27
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCP GROUP, 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:

JOHN S. HASKELL

Name of Person

PCP GROUP, LLC

Firm/Company

4801 ULMERTON ROAD

Address

CLEARWATER, FL 33762-4148

City/State and Zip Code

john.haskell@pellonusa.com

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

For further information concerning this matter, please call:

JOHN S. HASKELL, MANAGER

Name of Person

at **203**

Area Code

981-8800

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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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: PCP GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000087455

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

4801 ULMERTON ROAD
CLEARWATER, FL 33762-4148

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

4801 ULMERTON ROAD
CLEARWATER, FL 33762-4148

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:

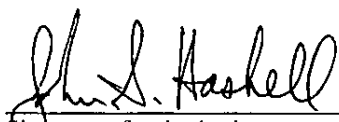
a. Granted to: JOHN S. HASKELL; HERBERT B. DERMAN

b. No authority granted to: CRISTOPHER HASKELL; NICOLAS HASKELL

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JOHN S. HASKELL; HERBERT B. DERMAN;
MIRJANA TASEVSKA

b. No authority granted to: CRISTOPHER HASKELL; NICOLAS HASKELL


Signature of authorized representative

JOHN S. HASKELL
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)