

L10 000 027801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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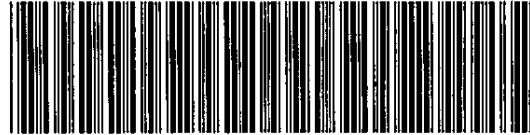
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

J. Stevens APR 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENE GARDEN DECOR, LLC

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:

Kenneth Bohannon, Esq.
Kenneth Bohannon, P.L.
221 North Causeway, Suite A
New Smyrna Beach, Florida 32169

Email: kbohannon@cflawyer.com ; Ashley@cflawyer.com

For further information concerning this matter, please call:

Kenneth Bohannon, Esq. at 386-427-5227

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

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: SERENE GARDEN DECOR, LLC

SECOND: The Florida Document Number of the limited liability company is: **L10000027801**

THIRD: The street address of the limited liability company's principal office is:
1607 West Canal Street, New Smyrna Beach, Florida 32168

The mailing address of the limited liability company's principal office is:
1607 West Canal Street, New Smyrna Beach, Florida 32168

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:

CAROL BARTOLOZZI

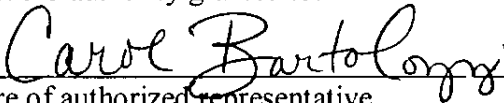
b. No authority granted to:

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

a. Granted to :

CAROL BARTOLOZZI

b. No authority granted to:



Signature of authorized representative
CAROL BARTOLOZZI

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Filing Fee of \$25.00 is enclosed