

L110000071968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

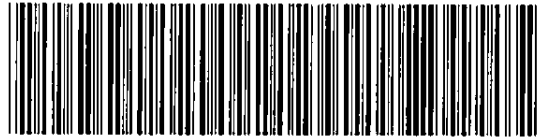
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLASTECH COMPANY 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:

Elise C. Rivers
Name of Person

Plastech Co. LLC
Firm/Company

500 Telner St
Address

Philadelphia, PA 19118
City/State and Zip Code

plastech500@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Solomon Rosenblatt
Name of Person

at (305) 304 8051
Area 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

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: PLASTECH COMPANY LLC

SECOND: The Florida Document Number of the limited liability company is: L11000071968

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

6475 Shoreline Dr Unit 5403
St Petersburg, FL 33708

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

500 Teller St
Philadelphia, PA 19118

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: _____

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: Elise C. Rivers

b. No authority granted to: _____


Signature of authorized representative

Solomon Rosenblatt
Typed or printed name of signature

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