# 41000076124

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#### **COVER LETTER**

### TO: Registration Section Division of Corporations

# SUBJECT: \_\_\_\_\_

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:

# KATYA PILKO

Name of Person

# FERTAGRO TRADING USA, LLC

Firm/Company

## 100 BISCAYNE BLVD, STE 3030

Address

### MIAMI, FL 33132

City/State and Zip Code

### k.pilko@fertagro.com

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

For further information concerning this matter, please call:

Katya Pilko	<b>305</b>	330-9446
	_ at ()	
Name of Person	Area Code	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

CR2E138 (2/14)

#### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

SECOND: The Florida Document Number of the limited liability company is: L11000076124

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

100 BISCAYNE BLVD, STE 3030

,

MIAMI, FL 33132

The mailing address of the limited liability company's principal office is: 100 BISCAYNE BLVD, STE 3030

MIAMI, FL 33132

**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:	LAHASSEE	16 FEB 10 A	L Statistics
2. May en a.	ter into other transactions on behalf of, or otherwise act for or bind, the con Granted to : FERNAND TALPE	FLOWIDA	AH 8: 35	Sector C
6.	No authority granted to:			
Engniture of authorize	ed representative FERNAND TALPE Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		<u></u>	

CR2E138 (2/14)