

L14000042354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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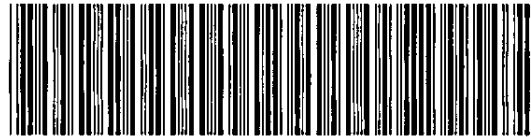
(Business Entity Name)

(Document Number)

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M. MILLIGAN  
EXAMINER

MAR 13 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HELMS AND CARTER LAWCARE AND LANDSCAPING, 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:

Matthew Harrison Carter  
Name of Person

Helms and Carter Lawncare and Landscaping, LLC  
Firm/Company

122 Del Rio Drive  
Address

Quincy, FL 32352  
City/State and Zip Code

mcarter2011@tds.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Carter at ( 850 ) 868-0120  
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

**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: Helms and Carter Lawncare  
and Landscaping, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000042354

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

122 Del Rio Drive  
Quincy, FL 32352

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

122 Del Rio Drive  
Quincy, FL 32352

**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: None

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: Matthew Harrison Carter  
and Zachary David Helms

b. No authority granted to: \_\_\_\_\_

Zachary David Helms

  
Signature of authorized representative

Matthew Harrison Carter  
Typed or printed name of signature

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

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14 MAR 13 PM 3:27  
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STATE OF FLORIDA