

L1400011200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

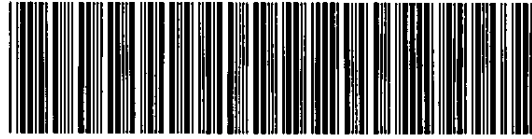
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 15 2014

10:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Turf Solutions, 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 M. Hemenway
Name of Person

Bivins & Hemenway, P.A.
Firm/Company

1060 Bloomingdale Ave.
Address

Valrico, FL 33596
City/State and Zip Code

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

For further information concerning this matter, please call:

John M. Hemenway at (813) 643-4900
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

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STATE OF FLORIDA

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: Real Turf Solutions, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000111200

THIRD: The street address of the limited liability company's principal office is:
2925 Winding Trail Dr.
Valrico, FL 33596

The mailing address of the limited liability company's principal office is:
2925 Winding Trail Dr.
Valrico, FL 33596

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: Anthony Fragomeni

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: Anthony Fragomeni

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA

Dyantha Fragomeni
Signature of authorized representative

Dyantha Fragomeni
Typed or printed name of signature

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