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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	•			
	•	<b>i</b>			
Sustainable Contracting Services, LLC.					
0020	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The end	closed Statement of Authority and fee(s) are su	ibmitted for filing.			
Please 1	return all correspondence concerning this matt	er to the following:			
Alisa	M. Day				
	Name of Person				
Susta	ainable Contracting Services, LLC.				
	Firm/Company	**************************************			
1793	F.I.M. Blvd.				
	Address				
Fort \	Walton Beach, FL 32547				
	City/State and Zip Code				
2mad	l@bellsouth.net				
	E-mail address: (to be used for future annua	l report notification)			
For fur	ther information concerning this matter, please	call:			
Alisa	M. Day	850	499-1449		
	Name of Person	Area Code	Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAII JNe	GADDRESS:		
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building 2661 Executive Center Circle	P.O. Box 6			
	Tallahassee, Florida 32301	i alianasse	e, Florida 32314		

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follow authority:	
FIRST: The name of the limited liability company is:  Sustainable Contracting Service	es, LLC.
SECOND: The Florida Document Number of the limited liability company is:  L140001187.	24
THIRD: The street address of the limited liability company's principal office is:  1793 F.I.M. Blvd.	_
Fort Walton Beach, FL 32547	-
The mailing address of the limited liability company's principal office is:  1793 F.I.M. Blvd.	-
Fort Walton Beach, FL 32547	~
FOURTH: This statement of authority grants or sets limitations of authority on all persons havin position of a person in a company, whether as a member, transferec, manager, officer or otherwise person on the following:  1. May execute an instrument transferring real property held in the name of the compara.  a. Granted to:  Alisa M. Day-Owner	e or to a specific
b. No authority granted to:	14 82P
2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa.  a. Granted to: Alisa M. Day-Owner	pany. 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
b. No authority granted to:	- 370 <b>6</b>
Alisa M. Day	
Signature of authorized representative Typed or printed name of Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	of signature

CR2E138 (2/14)