

L14000 196977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

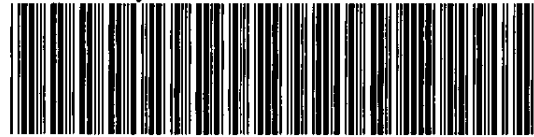
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 15 2016

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Plant Man Landscape & Design, 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:

Alex Kantor  
Name of Person

The Plant Man Landscape & Design, LLC  
Firm/Company

P.O. Box 442  
Address

Lloyd, FL 32337  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephanie Waugh at ( 850 ) 997-1008  
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: The Plant Man Landscape & Design, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000196977

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

262 Willie Road

Lloyd, FL 32337

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

P.O. Box 442

Lloyd, FL 32337

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: Alex Kantor

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: \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Alex Kantor

Signature of authorized representative

Alex Kantor

Typed or printed name of signature

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