## L14000 196977

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(Address)			
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PICK-UP WAIT MAIL			
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## **COVER LETTER**

Divi	sion of Corporations			
SUBJECT:	The Plant Man Landscape & Design, LLC			
Name of Limited Liability Company				
Dear Sir or M	ladam:			
The enclosed	Statement of Authority and fee(s) are su	bmitted for filing.		
Please return	all correspondence concerning this matter	er to the following:		
Alex Kanto	or			
	Name of Person	·		
The Plant	Man Landscape & Design, LL	C ,		
	Firm/Company			
P.O. Box 4	442			
	Address	,		
Lloyd, FL	32337			
	City/State and Zip Code			
plantmanla	andscapedesign@gmail.com			
E-m	ail address: (to be used for future annual	report notification	)	
For further in	formation concerning this matter, please	call:		
Stephanie	Waugh	850 at (	997-1008	
	Name of Person	Area Code	Daytime Telephone Number	
Regi Divis Clift	EET/COURIER ADDRESS: stration Section sion of Corporations on Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661	2661 Executive Center Circle Tallahassee, Florida 32314		ee, Florida 32314	

Tallahassee, Florida 32301

TO:

Registration Section

## STATEMENT OF AUTHORITY

authority:	section 605.0302(1), Florida Statutes, this limited liability compar				
FIRST: T	e name of the limited liability company is: The Plant Man L	andscape & Design, LLC			
SECOND	SECOND: The Florida Document Number of the limited liability company is: L14000196977				
	ne street address of the limited liability company's principal office  2 Willie Road	e is:			
L	oyd, FL 32337				
	he mailing address of the limited liability company's principal of O. Box 442	fice is:			
L	oyd, FL 32337				
position of	This statement of authority grants or sets limitations of authority person in a company, whether as a member, transferee, manager, e following:  May execute an instrument transferring real property held in the a. Granted to:  Alex Kantor	name of the company.			
	b. No authority granted to:	SEE FLORIBA			
2	May enter into other transactions on behalf of, or otherwise act  a. Granted to:				
	b. No authority granted to:				
		Kantor			
Signature of	authorized representative Typ  Filing Fee: \$25.00  Certified Copy: \$30.00 (option	ed or printed name of signature			

CR2E138 (2/14)