

214 000 196 984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

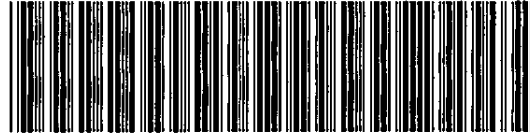
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700280871807

01/14/16--01014--017 **25.00

FILED
16 JAN 14 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 15 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perfect Plants Nursery, 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

Perfect Plants Nursery, LLC

Firm/Company

P.O. Box 442

Address

Lloyd, FL 32337

City/State and Zip Code

perfectplantsnursery@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Innes

at (

850

997-³2008

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: Perfect Plants Nursery, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000196984

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: _____

Alex Kantor
Signature of authorized representative

Alex Kantor
Typed or printed name of signature

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

FILED
16 JAN 14 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA