

L15000162182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TC Floral, 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:

Valerie Barnhart, Esq.

Name of Person

Kelley Kronenberg

Firm/Company

8201 Peters Road, Suite 4000

Address

Plantation, Florida 33324

City/State and Zip Code

vbarnhart@kelleykronenberg.com

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

For further information concerning this matter, please call:

Valerie Barnhart, Esq.

Name of Person

at (

954

)
Area Code

370-9970

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: TC Floral, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000162182

THIRD: The street address of the limited liability company's principal office is:
8200 NW 41 Street #200 Doral, Florida 33166

The mailing address of the limited liability company's principal office is:
P.O. BOX 348418 Miami, Florida 33234


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: _____
- 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: Fred de Jong, who may open bank accounts,
sign checks and keep financial books and records only.
- b. No authority granted to: _____


Signature of authorized representative

Philip G. Ivey
Typed or printed name of signature

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