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9385 N. 56th Street, Suite 311 Tampa, FL 33617 813.988.4040 Sheron@BassLawGroup.com www.BassLawGroup.com

August 12, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. Florida 23201

Via U.S. Mail - Priority

Re:

State of Authority

Artisan's Bonsai, LLC

Document # L16000071384

Dear Sir or Madam:

The enclosed Statement of Authority and fee, in the amount of \$30.00 for a certified copy of the same, are hereby submitted for filing within the records of the Florida Secretary of State.

Please return all correspondence to my office:

Sheron Alves Bass, Esquire 9385 North 56th Street, Suite 311 Temple Terrace, Florida 33617 Email: sheron@basslawgroup.com

For further information concerning this matter, please contact me at (813) 988-4040.

Thank you for your prompt attention in this matter.

Sincerely,

Muson alus Bass Sheron Alves Bass, Esquire

Enclosures

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the folloauthority:	owing statement of	
FIRST: The name of the limited liability company is: Artisan's Bonsai, LLC		-
SECOND: The Florida Document Number of the limited liability company is: L160000713	84	- -
THIRD: The street address of the limited liability company's principal office is: 9353 East Fowler Avenue		
Thonotosassa, FL 33592	-	
The mailing address of the limited liability company's principal office is: 9353 East Fowler Avenue		
Thonotosassa, FL 33592	_	
FOURTH: This statement of authority grants or sets limitations of authority on all persons havi position of a person in a company, whether as a member, transferee, manager, officer or otherwis person on the following: 1. May execute an instrument transferring real property held in the name of the company.	se or to a specific	
a. Granted to: Joseph G. Cain, Jr. b. No authority granted to: Phillip R. Latina	16 AUG	ALLABASSES.
2. May enter into other transactions on behalf of, or otherwise act for or bind, the cona. Granted to:	_	
b. No authority granted to: Phillip R. Latina		
Signature of authorized representative AMBR Typed or printed name		
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ot signature	