

L18000011245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

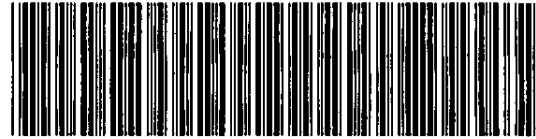
(Business Entity Name)

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GUARDIANSHIP • MEDICAID

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 13, 2018

Re: Greensources Horticulture LLC

To Whom it May Concern:

Enclosed is the statement of authority signed by the authorized members, Lance E. Hicklin and Elizabeth N. Hicklin. I have also enclosed check # 6882 in the amount of \$25.00 for filing of same.

If you have any questions, please contact our office. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Krishna Domenech".

Krishna Domenech
Associate Attorney

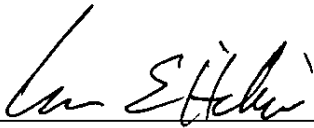
Enclosed: Statement of Authority
cc: client file

STATEMENT OF AUTHORITY

We, LANCE E. HICKLIN and ELIZABETH N. HICKLIN, the only Authorized Members for LANCE E HICKLIN, LLC (hereinafter "Company"), with the principal and mailing address of 3617 Sedgewick Place, Orlando, FL 32806 state the authority granted for the following persons and positions:

1. LANCE E. HICKLIN, Authorized Member of the Company, has the absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.
2. ELIZABETH N. HICKLIN, Authorized Member of the Company, has the absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of the 11th day of January, 2018.



LANCE E. HICKLIN, Authorized Member



ELIZABETH N. HICKLIN, Authorized Member

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This Statement of Authority prepared by:
The Law Offices of Lynn B. Aust, P.L.
1220 E. Livingston St.
Orlando, FL 32803
407-447-5399