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R. WHITE



COVER LETTER

Division of Corporations
D & Flowers, LLC SUBJECT:
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:
Name of Person
* Please call so documents (10 Legal Coursel PA)
Hase call so documents (10 Legal Counsel PA Firm/Company Can be pursonally picked up. 1999 W. ColoniALDr. Address (1000) Orlando, fr 32809
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 407 454. IS49 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

TO:

Registration Section

STATEMENT OF AUTHORITY

authority		_	
FIRST:	The name of the limited liability company is: D & Flowers, LLC, a Florida limit	ed fiability co	r –
SECON	D: The Florida Document Number of the limited liability company is:	4	- -
THIRD	: The street address of the limited liability company's principal office is: 1419 N. Dean Road		
	Orlando, FL 32825	-	
	The mailing address of the limited liability company's principal office is: 1300 N. Semoran Blvd.	-	
	#215	-	
	Orlando, FL 32807	-	
	May execute an instrument transferring real property held in the name of the compan a. Granted to: Rajeev T. Nayee, Manager and Hansa T. Nayee Authorized Member	•	
	b. No authority granted to:	2019 FEB 26 ระดงเวลา เลนนุลหลุก	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: Rajeev T. Nayee, Manager and Hansa T.	C.D.	
	a. Granted to: Nayee, Authorized Member	18 ATE	
	b. No authority granted to:	-	
<u> </u>	Rajeev T. Nayee an	id Hansa T.	
Signatur	Fe of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	of signature	

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