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COVER LETTER

Division of Corporations
SUBJECT: LEE JONES LANDSCAPING Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Authority and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
JEROME JONES SR. Name of Person
LEE JONES LANDSCAPING Firm/Company
_17940 N.W. 43 CT.
MIAMI, CARDENS, FCA. 33055 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEROME Jowes at 305 Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section

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: LEE JONES LANDSCADIO	19 L
# L20000207289 SECOND: The Florida Document Number of the limited liability company is: 85 - 1929306	
THIRD: The street address of the limited liability company's principal office is:	
17940 N.W. 43 CT. MIAMI, GARDENS FCA. 33055	
MIAMI, GARDENS FLA 33055	~
	11
MIAMI, GARDENS FCA. 33055 The mailing address of the limited liability company's principal office is: SAME 33055	LED
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: JEROME JONIES SR.	
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: JEROME TONES SR.	
a. Grande to Service S	
b. No authority granted to:	
prometoned A1. JEROME BNESS	
Signature of authorized representative Typed or printed name of signature	21/2

Certified Copy: \$30.00 (optional)