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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seascapes Landscaping, 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:

Michael Matt  
Name of Person

Seascapes Landscaping, LLC  
Firm/Company

200 Tumblin Kling Rd  
Address

Ft. Pierce, FL 34982  
City/State and Zip Code

Amanda.S561@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Matt at (772) 708-3940  
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

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# 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: Seascope Landscaping, LLC

SECOND: The Florida Document Number of the limited liability company is: L2200173969

THIRD: The street address of the limited liability company's principal office is:

200 Tumblin Kling Rd  
Ft. Pierce, FL 34982

The mailing address of the limited liability company's principal office is:

200 Tumblin Kling Rd  
Ft. Pierce, FL 34982

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: Michael Matt, Mgr

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: Michael Matt, Mgr

b. No authority granted to: \_\_\_\_\_

Michael Matt  
Signature of authorized representative

Michael Matt  
Typed or printed name of signature

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