7/17/2017

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Number : I20130000014
Phone : (407)900-5054
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JAIRAMKI, L.L.C.

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S. WARREN

JUL 20 2017

## **COVER LETTER**

Sarah G	ulati	407	900-5054	
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	Name of Person		-	
Sarah Gı	ulati			
Please return	n all correspondence concerning this	s matter to the following	;	
	d Statement of Authority and fee(s)			
ocar Sir or I	Madam:			
	Name o	f Limited Liability Com	pany	
UBJECT:	Jairamki, L.L.C.			

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

CR2E138 (2/14)

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## STATEMENT OF AUTHORITY

authority		atement of
FIRST:	The name of the limited liability company is: Jairamki, L.L.C.	
SECON	D: The Florida Document Number of the limited liability company is: L02000003642	
	The street address of the limited liability company's principal office is:  4620 W. Gandy Blvd	
	Tampa, FL 33611	
	The mailing address of the limited liability company's principal office is: 4620 W. Gandy Blvd	
	Tampa, FL 33611	
position	<ul> <li>This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise or to the following: <ol> <li>May execute an instrument transferring real property held in the name of the company.</li> </ol> </li> <li>a. Granted to: Mukund D. Patel</li> </ul>	a specific
	b. No authority granted to:	17 JUL 19 PM 2: 01
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company:  a. Granted to:  Mukund D. Patel	12: 01
	b. No authority granted to:	
Signatu	Mukund D. Patel  re of authorized representative  Typed or printed name of sign	noture
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	