

L05000021482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

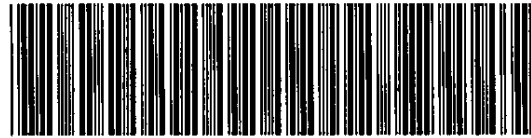
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 11 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kedar, 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:

Ruth K. McDonald

\_\_\_\_\_  
Name of Person

Hathaway & Reynolds, P.A.

\_\_\_\_\_  
Firm/Company

50 A1A North, Suite 108

\_\_\_\_\_  
Address

Ponte Vedra Beach, FL 32082

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth K. McDonald

\_\_\_\_\_  
Name of Person

904  
at (\_\_\_\_\_) )

Area Code

280-5575

\_\_\_\_\_  
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

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: Kedar, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000021482

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

13830 Saxon Lake Drive

Jacksonville, FL 32225

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

13830 Saxon Lake Drive

Jacksonville, FL 32225

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.

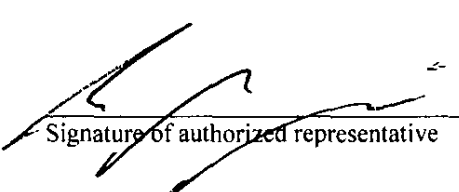
a. Granted to: Gyanendra K. Joshi

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: Gyanendra K. Joshi

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

  
Signature of authorized representative

SANBITTA JOSHI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED  
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