

205600050812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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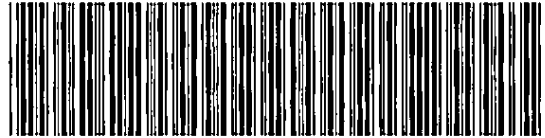
(Business Entity Name)

(Document Number)

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OCT 22 2018

*Stnt  
of  
Tallahassee  
TB*

2018 OCT 22 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gayatri Parivar, 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:

Hemang Shah

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

Gayatri Parivar, LLC

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

8187 Steeplechase Drive

\_\_\_\_\_  
Address

Palm Beach Gardens, FL 33418

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

hshahjmsi@gmail.com

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

For further information concerning this matter, please call:

Hemang Shah

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

561 3857515  
at ( )

\_\_\_\_\_  
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

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: Gayatri Parivar, LLC

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TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L05000050812

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

8187 Steeplechase Drive

Palm Beach Gardens

FL 33418

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

8187 Steeplechase Drive

Palm Beach Gardens

FL 33418

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: Hemang Shah

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: Hemang Shah

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

  
Signature of authorized representative

Shilpa Shah  
Typed or printed name of signature

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