

L05000114907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

(Document Number)

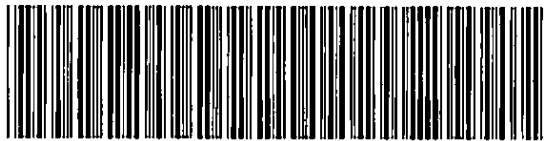
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**CORPORATE
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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 02/09/2022

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STATEMENT OF AUTHORITY

1. Deland Hospitality LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELAND HOSPITALITY, 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:

PRABODH C PATEL

Name of Person

LAW OFFICE OF PRABODH C PATEL, P.A.

Firm/Company

234 N WESTMONTE DR, SUITE 3000B

Address

ALTAMONTE SPRINGS, FLORIDA 32714

City/State and Zip Code

info@lawpatel@gmail.com

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

For further information concerning this matter, please call: _

<u>PRABODH C PATEL</u>	at (<u>407</u>)	<u>755-3234</u>
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

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: DELAND HOSPITALITY, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000114907

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

711 S ATLANTIC AVE, ORMOND BEACH, FLORIDA 32176

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

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: MANISHA PATEL

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: MANISHA PATEL

b. No authority granted to: N/A

Kishore Patel / Kaushik Patel
Signature of authorized representative

KISHORE PATEL / KAUSHIK PATEL
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL