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07/09/18--01025--004 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
Quality Homes USA, 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:
Bart R. Saunders, Esq.
Name of Person
Law Office of Saunders & Saunders, P.A.
Firm/Company
7232 W Sand Lake Road, Suite 202
Address
Orlando, FL 32819
City/State and Zip Code
bart@lawsaunders.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bart R. Saunders, Esq. 321 319-0459
Name of Person 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

, TO:

STATEMENT OF AUTHORITY

authority:	rida Statutes, this limited liability company submits the following statement of
FIRST: The name of the limited liab	pility company is: Quality Homes USA, LLC
SECOND. The Elevide Desument N	Sumber of the limited liability company is: L06000038897
THIRD: The street address of the li 7232 W Sand Lake F	mited liability company's principal office is:
Suite 202	
Orlando, FL 32819	
The mailing address of the 7232 W Sand Lake F	e limited liability company's principal office is: Road
Suite 202	
Orlando, FL 32819	
position of a person in a company, we person on the following: 1. May execute an instrur	rity grants or sets limitations of authority on all persons having the status or thether as a member, transferee, manager, officer or otherwise or to a specific ment transferring real property held in the name of the company. adhu Singh Gakhal
b. No authority	granted to: Baha Sidani
	ransactions on behalf of, or otherwise act for or bind, the company. Sadhu Singh Gakhal
b. No authority	granted to: Baha Sidani
	Bart R. Saunders, Esq.
Signature of authorized representati	ve Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)