

106000084306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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D. BRUCE
OCT 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI HEALTH DISTRICT HOLDINGS, 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:

THOMAS M. DAVID, ESQ.
Name of Person

FUERST, ITTLEMAN, DAVID & JOSEPH, PL
Firm/Company

1001 BRICKELL BAY DRIVE SUITE 3112
Address

MIAMI FL 33131
City/State and Zip Code

tdavid@fuerstlaw.com; dmuller@fuerstlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas M. David at (305) 350-5690
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

CR2E138 (2/14)

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SECTION

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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: MIAMI HEALTH DISTRICT HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000084306

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

75 NEWFIELD AVE., EDISON, NJ 08837

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

75 NEWFIELD AVE., EDISON, NJ 08837

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: ANIL K. MONGA

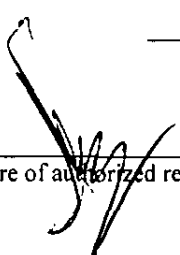
b. No authority granted to: N/A

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

a. Granted to: ANIL K. MONGA

b. No authority granted to: N/A

Signature of authorized representative



ANIL K. MONGA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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MIAMI, FLORIDA