

L 0700000 83977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

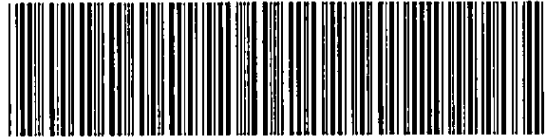
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Across Borders Management Consulting Group LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel D. Whitehouse, Esq.

Name of Person

Whitehouse & Cooper, PLLC

Firm/Company

1515 Park Center Drive, Unit 2M

Address

Orlando, FL 32835

City/State and Zip Code

vkrishnan@integrass.com

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

For further information concerning this matter, please call:

Daniel D. Whitehouse, Esq.

321

285-2300

at ()

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: Across Borders Management Consulting Group LLC

SECOND: The Florida Document Number of the limited liability company is: L07000083977

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

956 International Parkway

Suite 1590

Lake Mary, FL 32746

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

956 International Parkway

Suite 1590

Lake Mary, FL 32746

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:

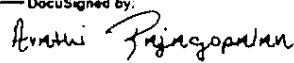
a. Granted to: Arathi Rajagopalan

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: Arathi Rajagopalan

b. No authority granted to: _____

DocuSigned by:

Signature of authorized representative

Arathi Rajagopalan, President of Isha E
Typed or printed name of signature

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

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2023 MAY -9 PM 1:05
CLERK OF STATE
TALLAHASSEE, FLORIDA