

LO8000009438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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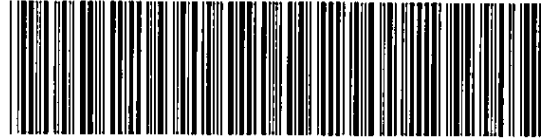
(Business Entity Name)

(Document Number)

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S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONA'S MINIMART, L-L-C
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:

KAMAL NARANG
Name of Person

MONA'S MINIMART, L-L-C
Firm/Company

P.O. Box - 85087
Address

HALLANDALE, FL 33008
City/State and Zip Code

NARANG66@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAMAL NARANG at (305) 974-0600
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

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: MONA'S MINIMART, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000009438

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

7501 UNIVERSITY BLVD
WINTER PARK, FL-32792

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

P.O-Box- 85087
HALLANDALE, FL-33008

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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: KAMAL NARANG

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: KAMAL NARANG

b. No authority granted to: _____

Vibha Narang
Signature of authorized representative

Vibha Narang
Typed or printed name of signature

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