

LO90000 18288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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20 APR 23 PM 4:48

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J M Smith International LLC  
Name of Limited Liability Company

20 APR 23 PM 4:48

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:

Hemang Shah

Name of Person

Shinir L.L.C

Firm/Company

8187 Steeplechase Drive

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

hshahjmsi@gmail.com

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

For further information concerning this matter, please call:

Hemang Shah 561 3857515  
Name of Person at (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: Hemang Shah

**SECOND:** The Florida Document Number of the limited liability company is: L09000018288

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

8187 Steeplechase Drive, Palm Beach Gardens, FL 33418

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

8187 Steeplechase Drive, Palm Beach Gardens, FL 33418

**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.

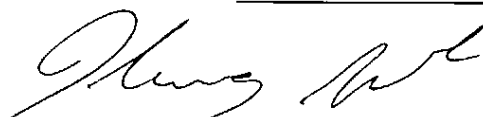
a. Granted to: Shilpa Shah

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: Shilpa Shah

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Hemang Shah

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

20 APR 23 PM 4:48