

109000060387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

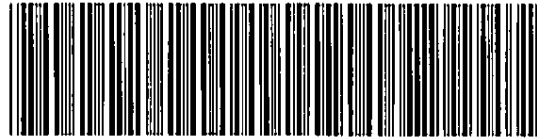
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 DEC 26 PM 4:00

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DEC 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Dental Group, 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:

Jeffrey R. Eisensmith, Esquire
Name of Person

Jeffrey R. Eisensmith, P.A.
Firm/Company

5561 N. University Drive, Suite 103
Address

Coral Springs, FL 33067
City/State and Zip Code

je@eisensmithlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey R. Eisensmith at (954) 523-7601
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

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2017 DEC 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: South Florida Dental Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000060387

THIRD: The street address of the limited liability company's principal office is:
8333 W. McNab Road, Suite 126
Tamarac, FL 33321

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

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: Raj Dulay
 - 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: Raj Dulay
 - b. No authority granted to: _____

Kulwant Singh
Signature of authorized representative

Kulwant Singh a/k/a K. Singh
Typed or printed name of signature

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