

109000060387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

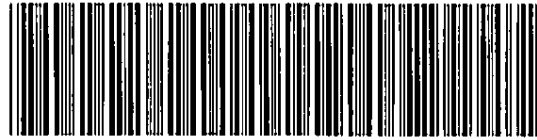
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
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

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)

FILED

2017 DEC 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA