

#L09000120985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAY 11 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 MAY 11 PM 4:02
DIVISION OF CORPORATIONS

K. SALLY
EXAMINER
MAY 12 2015

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SATYA NINE, LLC

Signature _____

Requested by: SETH

05/11/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ ☒ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SATYA NINE, 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:

PERLA ABRAMS, ESQ.

Name of Person

ABRAMS & ABRAMS, P.A.

Firm/Company

9300 SW 87TH AVENUE, SUITE 5

Address

MIAMI, FLORIDA

City/State and Zip Code

pabrams@abramslaw.cc; merle@abramslaw.cc

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

For further information concerning this matter, please call:

Merle Sirju

at (305) 598-1880

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: SATYA NINE, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000120985

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

13010 SW 82nd Street

Miami, Florida 33183

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

13010 SW 82nd Street

Miami, Florida 33183

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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.

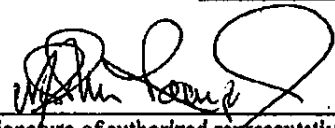
a. Granted to: MALCOLM RAMPERSAD

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: MALCOLM RAMPERSAD

b. No authority granted to: N/A


Signature of authorized representative

Malcolm Rampersad.
Typed or printed name of signature

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