

1/5/2017

Division of Corporations

L1000058790

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
S MANEKIA HOLDINGS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Help

D. BRUCE
JAN 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S MANEKIA HOLDINGS, 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:

SARAH GULATI

Name of Person

PREMIER FLORIDA TITLE, LLC

Firm/Company

479 MONTGOMERY PLACE

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

INFO@PREMIERFLORIDATITLE.COM

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

For further information concerning this matter, please call:

ALIRAZA MANEKIA

407

900-5054

at (

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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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: S MANEKIA HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000058790

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

1918 BRIDGEWATER DRIVE

HEATHROW, FL 32746

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

PO BOX 952168

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: SIDDIKA MANEKIA

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: SIDDIKA MANEKIA

b. No authority granted to: _____

AS ATTORNEY
IN FACT, SIDDIKA MANEKIA
Signature of authorized representative

Alimza Manekia as attorney-in-fact for
Typed or printed name of signature Siddika Manekia

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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