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2015 SEP 22 AMTH: 04 SECRETARY OF STATE TALLAHASSEF FLORIDA



SEP 28 2015 J. HARRIS

BLAIR M. JOHNSON, P.A.

ATTORNEY AT LAW
P. O. BOX 770496
425 S. DILLARD STREET
WINTER GARDEN, FLORIDA 34777-0496

(407) 656-5521

FAX (407) 656-0305

September 21, 2015

FEDERAL EXPRESS
Department Of State
Division Of Corporation
Attention: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32314

re: EZ Independence Property, LLC & VRAJ, LLC

Dear Reader:

Enclosed with this letter are checks in the amounts of \$25.00 each which represents the fee for the filing of the **Statement Of Authority** for **EZ Independence Property, LLC** and **VRAJ, LLC**.

Please return a filed copy of the **Statement Of Authority** to me in the enclosed self-addressed stamped envelope.

Thank you for your courtesies in this matter.

Sincerely,

Kathy Ann Dickey Legal Assistant to

Blair M. Johnson, Esquire

kad Enclosures

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida submits the following statement of authority	· · · · · · · · · · · · · · · · · · ·
FIRST: The name of the limited liability com	pany is: <u>VRAJ, LLC</u>
SECOND: The Florida Document Numbe L10000066816	r of the limited liability company is:
THIRD: The street address of the limited liab South Orlando Avenue, Sanford, Florida 32	
The mailing address of the limited liabilit Tuskawilla Road, Winter Springs, Florida 32	
FOURTH: This statement of authority gran person having the status of position of a petransferee, manager, officer or otherwise or	erson in a company, whether a member,
 May execute an instrument transferri company. 	ng real property held in the name of the
a. Granted to: MANISH PARIKH b. No authority granted to:	
2. May enter into other transactions on b company.	pehalf of, or otherwise act for or bind, the
a. Granted to: MANISH PARIKH	AN SEP
b. No authority granted to:	
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	TECH TO THE TECH T
Signature of authorized representative	MANISH PARIKH 5 9
	typed or printed name of signature
Falquintaries_	FALGUNI PARIKH
Signature of authorized representative	typed or printed name of signature
MM H	AMISH PARIKH
Signature of authorized representative	typed or printed name of signature
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	BEENA PARIKH
Signature of authorized representative	typed or printed name of signature