

L11000008974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

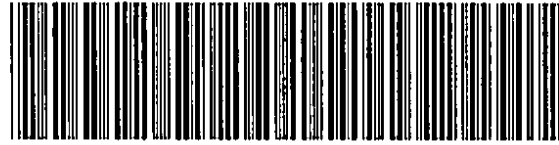
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUL 18 2017
D. SCOTT

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JUL 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAISER RAFIQ, 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:

David R. Roy
Name of Person

David R. Roy, P.A.
Firm/Company

4209 N. Federal Hwy.
Address

Pompano Beach, FL 33064
City/State and Zip Code

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

For further information concerning this matter, please call:

David R. Roy at (954) 784-2961
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: Kaiser Rafiq, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000008974

THIRD: The street address of the limited liability company's principal office is:
16090 Rio Del Paz
Delray Beach, FL 33446

The mailing address of the limited liability company's principal office is:
16090 Rio Del Paz
Delray Beach, FL 33446

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.

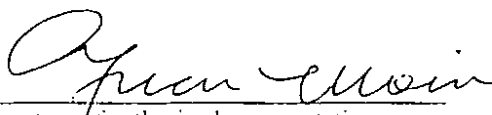
a. Granted to: Mohammed M. Rehman

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: Mohammed M. Rehman

b. No authority granted to: _____



Signature of authorized representative

Afreen Moin

Typed or printed name of signature

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