L110000031423

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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT:

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:

Marat Bagaev	
Name of Person	
Marat LLC	
Firm/Company	
5268 90th Terr N	
Address	
Pinellas Park, Fl 33782	
City/State and Zip Code	
naratllc@gmail.com	
E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Marat Bagaev at (727) 5507105

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

authority:		ited liability company submits the folic	owing statement of
FIRST: The name of the lin	mited liability company is: M	larat LLC	
SECOND: The Florida Do	cument Number of the limited	l liability company is: L110000314	23
		iny's principal office is:	PR 28
-	ess of the limited liability con Seminole FL 33777		P. P.
position of a person in a conperson on the following: 1. May execute a	npany, whether as a member, on instrument transferring real ed to:	itations of authority on all persons havi transferee, manager, officer or otherwi- property held in the name of the compa Va	se or to a specific
b. No au			_
2. May enter into		of, or otherwise act for or bind, the cor	 npany.
b. No au	thority granted to:		_
Danie		Marat Bagaev	
Signature of suthorized repr	esentative Filing Fee: Cartified Co	Typed or printed name \$25.00	ot signature