

10/28/2016 14:34

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(FAX)

P.003/004

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PREM RAHEEM, LLC, a Florida limited liability company

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:

Sereh Gulati, Esq.

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:

 Sarah Gulati
 407
 900-5054

 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: Prem Raheem, LLC, a Florida limited liability c

SECOND: The Florida Document Number of the limited liability company is: L11000089814

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

2018 South Chickasaw Trail

Orlando, FL 32825

The mailing address of the limited liability company's principal office is: 2018 South Chickasaw Trail

Orlando, FL 32825

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; Nikanth I. Kapadia

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 : _____

b. No authority granted to: ______

orized representative 61

Typed or printed name of sign

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

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