

L12 0000 66426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

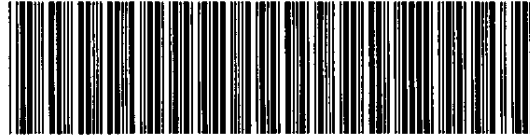
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
16 JUL 27 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Offices of Bonnie A. Brown

514 South Colorado Avenue
Stuart, Florida 34994

Telephone: (772) 221-9024

Fax: (772) 221-9086

July 26, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Chrish G, LLC
Document No. L12000066426

Dear Sir or Madam:

I have enclosed a Statement of Authority and our firm's check in the amount of \$55.00. Please provide me with a certified copy of the Statement of Authority at your earliest convenience in the enclosed self-addressed envelope.

Respectfully,



Ellen Spader
Legal Assistant
assistant@bonnieabrownpa.com
File No. 16255

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRISH G, 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:

Bonnie A. Brown, Esquire

Name of Person

Law Offices of Bonnie A. Brown

Firm/Company

514 Colorado Avenue

Address

Stuart, Florida 34994

City/State and Zip Code

jakaihome@gmail.com

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

For further information concerning this matter, please call:

Bonnie A. Brown

Name of Person

772

at (_____) _____

Area Code

221-9024

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

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: CRISH G, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000066426

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

10762 SW Elsinore Drive

Port St. Lucie, Florida 34987

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

10762 SW Elsinore Drive

Port St. Lucie, Florida 34987

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: Pranitha Bhaskar

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Pranitha Bhaskar

b. No authority granted to: N/A



Signature of authorized representative

Pranitha Bhaskar

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)