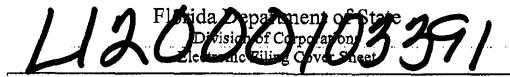
10/26/2016

Division of Corporations



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From:

Account Name Account Number: I20130000014

: GULATI LAW

Phone

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COVER LETTER

	ision of Corporations		
SUBJECT:	NMA HOSPITALITY LLC		
JODJE,CI.	Name of	Limited Liability Com	pany
Dear Sir or N	/adam:		
The enclosed	Statement of Authority and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this	matter to the following	;
Sarah Gu	lati, Esq		
	Name of Person		
Premier F	Florida Title, LLC		
	Firm/Company		- , .
479 Mont	gomery Place		
	Address	Ana, a, alaba a, ana ana ana ana ana ana ana ana ana	-
Altamonte	e Springs, FL 32714		
	City/State and Zip Code	 	-
info@pre	mlerfloridatitle.com		
E-n	nail address: (to be used for future a	nnual report notificatio	n)
For further in	aformation concerning this matter, p	please call:	
Sarah Gu	lati	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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following	ng statement of	
FIRST:	The name of the limited liability company is: NMA HOSPITALITY, LLC		
SECON	D: The Florida Document Number of the limited liability company is: L12000103391		
	The street address of the limited liability company's principal office is: 926 North Bay Street		
	Eustis, FL 32726		
	The mailing address of the limited liability company's principal office is: 928 North Bay Street		
	Eustis, FL 32726		
person o	of a person in a company, whether as a member, transferce, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Gordhanbhai Patel or Amit Patel		
	b. No authority granted to:		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Gordhanbhal Patel or Amit Patel ———————————————————————————————————	16 0C1	71
	b. No authority granted to:	28 AH DE CORPO	
Signatur		8: 30 ************************************	Ö
(?	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

CR2E138 (2/14)