12/12/2017



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		Fax Number	: (850)617-6383								
	From:										
		Account Name	: GULATI LAW			0					
		Account Numbe	er : 120130000014								
		Phone	: (407)900-5054		111 111						
		Fax Number	: (407)517-4931			>					
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Corporate Filing Menu

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	COVER LETTER	
TO:	Registration Section Division of Corporations	
SUBJE	Mukhi Holdings LLC	
	Name of Limited Liability Company	
Dear Si	r or Madam:	
The end	closed Statement of Authority and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
SARA	AH GULATI	
	Name of Person	
GULA	ATI LAW, P.L.	
	Firm/Company ;	
479 N	IONTGOMERY PLACE	
	Address	·
ALTA	MONTE SPRINGS, FLORIDA 32714	
	City/State and Zip Code	
INFO	@GULATILAW.COM	13 A 9 40 SSEE FLORIDA
	E-mail address: (to be used for future annual report notification)	
For furt	ther information concerning this matter, please call:	ຊ <b>4</b> 0
SARA	AH 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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

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FIRST: The name of the limited liability company is: Mukhi Holdings LLC

	The Florida Document Number of the limited liability company is: L12000126280
SECOND:	The Florida Document Number of the limited liability company is:

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

873 Sherbourne Circle

Lake Mary, FL 32746

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

873 Sherbourne Circle

Lake Mary, FL 32746

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requirements of authority on all netrons of cate limitations of authority on all netrons	having	the status or	r
FOURTH: This statement of authority grants or sets limitations of authority on all persons	10,000		·
			<i>c</i> .
position of a person in a company, whether as a member, transferee, manager, officer or oth	CINVISE /	or to a specu	IIC.
position of a person in a company, window of a memory	10	•	•
	<u> </u>	لب	
person on the following:	*** 1		
P******			

1. May execute an instrument transferring real property held in the name of the company. Uħ ¦b

Granted to: \_\_\_\_\_\_ Mukhi, Aliasghar Mukhi, and a. Ruhayna Mukhi

\_\_\_\_ 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 ; Abbas Mukhi, Aliasghar Mukhi, and

Ruhayna Mukhi

. . . . . . .

b. No authority granted to: \_\_\_\_\_

Signature of authorized representative

Abbas Mukhi

Typed or printed name of signature

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

CR2E138 (2/14)