

04/28/2017 11:08

FAX

0001/003

L13000058412

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Office@gulati.law.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOHAM INVESTMENTS ONE LLC

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

MAY - 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soham Investments One 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:

Sarah Gulati
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 at 407 900-5054
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Cent
Tallahassee, Florida

MAILING ADDRESS:

Registration Section
Tallahassee, Florida 32314

*She said we
could wait till
we get back on
this one!
No Rush.*

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: Soham Investments One LLC

SECOND: The Florida Document Number of the limited liability company is: L13000058412

THIRD: The street address of the limited liability company's principal office is:
409 SE 1st Avenue
Florida City, FL 33034

The mailing address of the limited liability company's principal office is:
409 SE 1st Avenue
Florida City, FL 33034

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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.

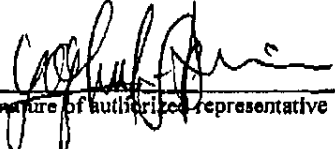
a. Granted to: Yoghendra Amin

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: Yoghendra Amin

b. No authority granted to: _____


Signature of authorized representative

Yoghendra Amin
Typed or printed name of signature

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