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(R	equestor's Name)	
(Á	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
		
(D	ocument Number)	
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COVER LETTER

	vision of Corporations		
SUBJECT:	Dharma Capital Group LLC		
SUBJECT;		mited Liability Comp	pany
Dear Sir or I	Madam:		
The enclose	d Statement of Authority and fee(s) are	submitted for filing.	
Please retur	n all correspondence concerning this ma	tter to the following:	:
Mitchell	Perlstein		
	Name of Person		
	Firm/Company		
2769 E A	Atlantic Blvd		
	Address		
Pompan	o Beach FL 33062		
	City/State and Zip Code		
mperiste	in@perlste.in		
E-	mail address: (to be used for future annu	al report notification	1)
For further i	information concerning this matter, pleas	se call:	
Mitchell I	Perlstein	561	3680831
	Name of Person	Area Code	Daytime Telephone Number
	REET/COURIER ADDRESS: gistration Section		G ADDRESS: ion Section
	vision of Corporations		of Corporations

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

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

TRST: The name of	of the limited liability company is: Dharma Capital Group LLC	
SECOND: The Flor	rida Document Number of the limited liability company is: L13000062201	
THIRD: The street	address of the limited liability company's principal office is: V 19th Ave	
Boca Ra	aton FL 33086	
	ing address of the limited liability company's principal office is:	2015 JUL 2
Boca Ra	aton FL 33086	C U
	atement of authority grants or sets limitations of authority on all persons having to in a company, whether as a member, transferee, manager, officer or otherwise of	
osition of a person erson on the follow	in a company, whether as a member, transferee, manager, officer or otherwise or ving: kecute an instrument transferring real property held in the name of the company. Granted to: Mitchell Peristein	r to a speci:
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