## 113000095824

(Reques	stor's Name)	
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PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	)
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	g Officer:	

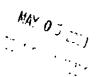
Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	
Devi Gayatri L.L.C SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Hemang Shah	
Name of Person	<del></del>
Shinir L.L.C	
Firm/Company	<del></del>
8187 Steeplechase Drive	
Address	<del></del>
Palm Beach Gardens, FL 33418	
City/State and Zip Code	<del></del>
hshahjmsi@gmail.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, plea	ase call:
Hemang Shah	561 3857515
Name of Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

authority		g statement of
FIRST:	The name of the limited liability company is: Hemang Shah	, <u>, </u>
SECON	D: The Florida Document Number of the limited liability company is:	
THIRD:	The street address of the limited liability company's principal office is:	
	8187 Steeplechase Drive, Palm Beach Gardens, FL 33418	
	The mailing address of the limited liability company's principal office is: 8187 Steeplechase Drive, Palm Beach Gardens, FL 33418	
	第: · · · · · · · · · · · · · · · · · · ·	
position	H: This statement of authority grants or sets limitations of authority on all persons having to a person in a company, whether as a member, transferee, manager, officer or otherwise or the following:	he states or
person o	The following.	, 10°
	May execute an instrument transferring real property held in the name of the company Shilpa Shah or Hemang Shah     a. Granted to:	
	b. No authority granted to:	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compared to the compared	ıy.
	a. Granted to:	
	b. No authority granted to:	
(1)		
<u></u>	Hemang Shah  Typed or printed name of s	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)