

L14 0000 19248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

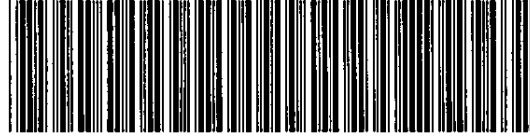
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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July 15, 2016

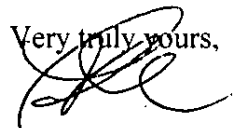
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SITARAM ORLANDO, LLC
Document No.: L14000019248
AND
SHANAYA 9, LLC
Document No.: L16000053606

Dear Sir:

Enclosed please find a Statement of Authority for SITARAM ORLANDO, LLC and for SHANAYA 9, LLC, for filing with the FL Department of State. Also enclosed is our firm's check in the amount of \$110.00, said sum representing the \$25.00 filing fee for each of the Statements of Authority and \$30.00 for a certified copy of each of the Statements of Authority. Please forward the two (2) certified copies of the Statements of Authority at your earliest convenience. Thank you for your assistance in this matter.

Very truly yours,



Timothy A. Straus

TAS:lpa
Enclosures

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: SITARAM ORLANDO, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000019248

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

9240 U.S. Highway 192

Clermont, FL 34714

USA

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

9240 U.S. Highway 192

Clermont, FL 34714

USA

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.

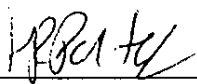
a. Granted to: HARSHA PATEL

b. No authority granted to: n/a

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: HARSHA PATEL

b. No authority granted to: n/a


Signature of authorized representative

HARSHA PATEL
Typed or printed name of signature

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