9/13/2016



Division of Corporations

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(((H16000227371 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GULATI LAW

Account Number :

120130000014

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HELLO MONKEY LLC

Certificate of Status	0
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Page Count	02
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SEP 14<del>-2018</del>

## **COVER LETTER**

TO:	Reg Div	sistration Section dision of Corporations			
SURT	ECT:	HELLO MONKEY LLC			
SUBJECT: Name of Limited Liability					any
Dear S	ir or N	Madam:			
The en	olosed	Statement of Authority and fee(s) are	submitted for	filing.	
Please	return	all correspondence concerning this m	satter to the fol	lowing:	
Tina	Alab	paugh			
		Name of Person			
Pren	nier F	Florida Title, LLC			
		Firm/Company			
479	Mont	tgomery Place			
		Address	······································		
Altar	nont	e Springs, FL 32714			
		City/State and Zip Code	···		
proc	<b>0880</b>	r@premierfloridatitle.com			
	E-n	nail address; (to be used for future any	ıual report πoti	fication)	<del></del>
For fu	rther is	nformation concerning this matter, ple	ease call:		
Sara	h Gu	ılati	407	١	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

authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following:  The name of the limited liability company is:  HELLO MONKEY	ng statement of
FIRST:	The name of the limited liability company is:	
SECON	D: The Florida Document Number of the limited liability company is: L14000134534	
THIRD	The street address of the limited liability company's principal office is: 3150 State Road 13	·
	Jacksonville, FL 32259	
	The mailing address of the limited liability company's principal office is: 3150 State Road 13	
	Jacksonville, FL 32259	
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to: Kunal Singh	r to a specific
	b. No authority granted to: N/A	- <u>1C</u>
	<ol> <li>May enter into other transactions on behalf of, or otherwise act for or bind, the compa         <ul> <li>a. Granted to:</li> <li>Eunal Singh</li> </ul> </li> </ol>	
	b. No authority granted to: N/A	
	ZUNAL XUNAL	SINGH
Signature CR2E13	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature