

L14000160424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

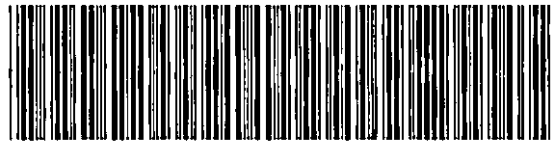
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700317661197

09/04/18--01044--004 \*\*\$5.00

FILED  
2018 SEP -4 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

WLS  
9-11-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOCA KIRAYA 1 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:

**SANGEETA BOHRA**

\_\_\_\_\_  
Name of Person

**BOCA KIRAYA 1 LLC**

\_\_\_\_\_  
Firm/Company

**6550 GRANDE ORCHID WAY**

\_\_\_\_\_  
Address

**DELRAY BEACH, FL 33446**

\_\_\_\_\_  
City/State and Zip Code

**BOHRA.FAMILY@GMAIL.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SANGEETA BOHRA**

\_\_\_\_\_  
Name of Person

**609**

\_\_\_\_\_  
Area Code

**851-0196**

\_\_\_\_\_  
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

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: BOCA KIRAYA 1 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000160424

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

6550 GRANDE ORCHID WAY

DELRAY BEACH, FL 33446

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

6550 GRANDE ORCHID WAY

DELRAY BEACH, FL 33446

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: MARSHALL SKLAR

b. No authority granted to: NA

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

a. Granted to: MARSHALL SKLAR

b. No authority granted to: NA

Sangeeta Bohra  
Signature of authorized representative

SANGEETA BOHRA  
Typed or printed name of signature

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

2018 SEP -4 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED