Division of Corporations Electronic Filing Cover Sheet

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From:

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Y SULKER

TO:

Registration Section

COVER LETTER

Division of Corporations		
San Michele Pizza LLC		
Name of Lin	nited Liability Compa	iny
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	* · · · · · ·
Sarah Gulati, Esq.		
Name of Person		
Gulati Law, P.L.		
Firm/Company		
479 Montgomery Place		
Address		
Altamonte Springs, Florida 32714		
City/State and Zip Code		
office@gulatilaw.com		
E-mail address: (to be used for future annu	nl report notification)	
For further information concerning this matter, pleas	se call:	
Sarah Gulati, Esq.	407	900-5054
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallabassee, Florida 32301

Division of Corporations P.O..Box 6327

Tallahassec, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

	1.46000149.47	 252	
	D: The Florida Document Number of the limited liability company is: <u>L.1600014243</u>	0.0	
טאנחו	: The street address of the limited liability company's principal office is: 479 Mccacomers Place		
** .	479 Montgomery Place Altomorte Springs, FL. US 32714		
	The mailing address of the limited liability company's principal office is:		
	Attamorte Springs, FL. US 32714		
position	FII: This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a spen on the following:		
··	May execute an instrument transferring real property held in the name of the company. a. Granted to:	16 AUG	,
 . ,		16 AUG -4 AM 9:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- - ,	a. Granted to: Sorge WPerez	AUG -4 AH	
•••	a. Granted to: Sorge WPerez b. No authority granted to: Dennis Oliveras 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.	AUG-4 AM 9:	

CR2E138 (2/14)

GULATI LAW, P. L.

ATTORNEY & COUNSELOR AT LAW

409 Montgomery Road, Unit 131, Altamonte Springs, FL 32714 Telephone (407) 900-5054 - Fax (407) 517-4931

V

	lregular attention required	A urgent attention required
TO: DEC	OF STUTE	Fax Number (850) (17-6383
FROM: PL Sarah Gula Attorney at	•	ralegal
CLIENT/MA	TTER/CASE: PCYCS, JO	orge-san Mionele Pizza L
DESCRIPTION Thank you have	ON OF FACSIMILE: STOPE ave a wonderful day.	ment of Authority.
Should you b	ave any questions or do not rece	eive all pages, please call (407) 900-5054.

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