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Division of Corporations

Florida Department of State

Division of Corporations

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To:

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From:

Account Name : GULATI LAW  
Account Number : T20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

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RAMA FOOD MART LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAMA FOOD MART 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:

SARAH GULATI, ESQ.

Name of Person

GULATI LAW, P.L.

Firm/Company

479 MONTGOMERY PLACE

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

OFFICE@GULATILAW.COM

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

For further information concerning this matter, please call:

SARAH GULATI, ESQ.

Name of Person

at ( 407 )

Area Code

900-5054

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: RAMA FOOD MART LLC

SECOND: The Florida Document Number of the limited liability company is: L16000188089

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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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: RAJ KUMAR  
 \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_  
 \_\_\_\_\_

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

a. Granted to: RAJ KUMAR  
 \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_  
 \_\_\_\_\_

Raj Kumar  
 Signature of authorized representative

RAJ KUMAR  
 Typed or printed name of signature

Filing Fee: \$25.00  
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