

**Florida Department of State**  
**Division of Corporations**  
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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : GULATI LAW  
 Account Number : I20130000014  
 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:

Office@gulati law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**FIVE STAR BOYS LLC.**

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P.002/003

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Five Star Boys 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

Name of Person

Premier Florida Title, LLC

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, FL 32714

City/State and Zip Code

Info@premierfloridatitle.com

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

For further information concerning this matter, please call:

Sarah Gulati

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

CR2E138 (2/14)

## 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: Five Star Boys LLC.

SECOND: The Florida Document Number of the limited liability company is: L16000206538

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

4501 West Vine Street

Kissimmee, FL 34746

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

4501 West Vine Street

Kissimmee, FL 34746

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: Rabbani Gholam

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: Rabbani Gholam

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

  
Signature of authorized representative

Rabbani Gholam  
Typed or printed name of signature

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