

L16 000 207001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

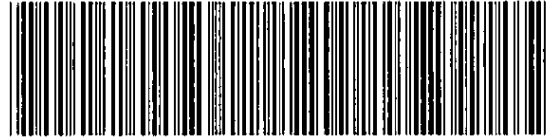
(Document Number)

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FILED
24 FEB 20 AM 10:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROJA PROPERTIES 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:

AFROJA K SHOJA
Name of Person

Firm/Company

1657 N. Miami Avenue, Ste D
Address

Miami FL 33136
City/State and Zip Code

ROJA11C@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AFROJA K SHOJA at (786) 296-5439
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ROJA PROPERTIES LLC

SECOND: The Florida Document Number of the limited liability company is: L16000207001

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

1657 N. Miami Avenue, Ste D
Miami, FL 33136

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

1657 N. Miami Avenue, Ste D
Miami, FL 33136

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TALLAHASSEE, FLORIDA

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.

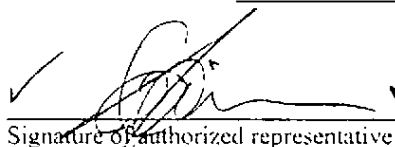
a. Granted to: ALION KHAN

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: ALION KHAN

b. No authority granted to: _____

✓ 
Signature of authorized representative

AI-ROJA K SHIVA
Typed or printed name of signature

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