

L16000216890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

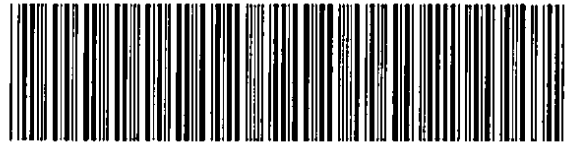
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 MAY 30 AM 10:48

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NAMPCO 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:

AUGUSTINE NADAYIL

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

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

10211 W SAMPLE ROAD #116

\_\_\_\_\_  
Address

CORAL SPRINGS, FL 33065

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

epoovan@gmail.com

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

For further information concerning this matter, please call:

Tom Abraham, Esq.

954

588-5570

at ( )

\_\_\_\_\_  
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: NAMPCO LLC

SECOND: The Florida Document Number of the limited liability company is: L16000216890

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

10211 W SAMPLE RD

#116

CORAL SPRINGS, FL 33065

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

10211 W SAMPLE RD

#116

CORAL SPRINGS, FL 33065

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.

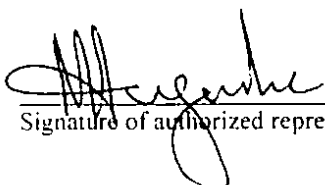
a. Granted to: AUGUSTINE NADAYIL

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: MATHEW POOVAN

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

  
Signature of authorized representative

AUGUSTINE NADAYIL  
Typed or printed name of signature

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
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