

L17000113365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

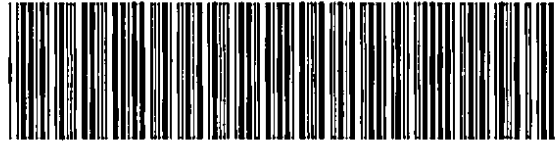
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 27 2018  
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18 OCT 17 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2018 OCT 17 PM 10:58

(4)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIMPLE REALTY SOLUTIONS 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:

NIKHIL ARORA

Name of Person

SIMPLE REALTY SOLUTIONS LLC

Firm/Company

8943 LAKE IRMA POINT

Address

ORLANDO, FL - 32817

City/State and Zip Code

simple.realty.solutions.llc@gmail.com

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

For further information concerning this matter, please call:

NIKHIL ARORA

Name of Person

at ( 321 ) 230-4379

Area Code

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

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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: SIMPLE REALTY SOLUTIONS LLC

SECOND: The Florida Document Number of the limited liability company is: L17000113365

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

8943 LAKE IRMA POINT

ORLANDO, FL - 32817

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

8943 LAKE IRMA POINT

ORLANDO, FL - 32817

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: NIKHIL ARORA OR

HABIB FAHS

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

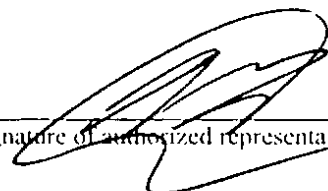
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: NIKHIL ARORA OR

HABIB FAHS

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

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TALLAHASSEE, FLORIDA

  
Signature of authorized representative

NIKHIL ARORA  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)