

6/18/2018

2018-06-18 19:16:41 (GMT)

14072091186 From: Sarah Gula

# L17000411634

Division of Corporations  
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To:

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Fax Number : (850)617-6383

From:

Account Name : GULATI LAW  
Account Number : 120130000014  
Phone : (407)980-5054  
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

REC'D

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DEPARTMENT  
DIVISION OF CORPORATIONS  
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARROW 5 TRANSPORT, LLC

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARROW 5 TRANSPORT, 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

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

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: ARROW 5 TRANSPORT, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000141634

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

7350 FUTURES DRIVE

BLDG 14, STE 101

ORLANDO, FL 32819

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

479 MONTGOMERY PLACE

ALTAMONTE SPRINGS, FL 32714

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.

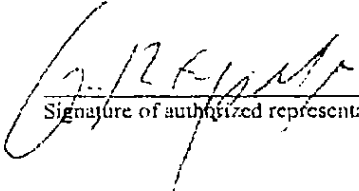
a. Granted to: GUNTHER MEIRELLES

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: GUNTHER MEIRELLES

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

  
Signature of authorized representative

GUNTHER MEIRELLES

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)