

L17000170926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

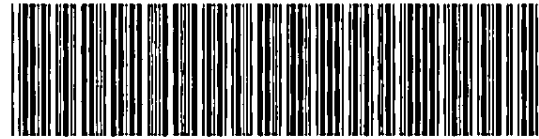
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 11 2021
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OYVU AYIANA, 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:

CHRISTY ALAGARSAMY
Name of Person

OYVU AYIANA, LLC.
Firm/Company

1061 NW 110TH AVE.
Address

PLANTATION FL 33322
City/State and Zip Code

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

For further information concerning this matter, please call:

JAYAPRAKASH ALAGARSAMY at 954 291-9921
Name of Person Area Code Daytime Telephone Number

* PLEASE
SEE & NOTE
ATTACHED
CHECK.
THANK YOU

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: OYVA AYIANKA, LLC.

SECOND: The Florida Document Number of the limited liability company is: 419000170926

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

3850 E. RIVER DR.
FT. MYERS, FL. 33916

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

100 NW 110th AVE.
PLANTATION, FL. 33322

SEC. OFF. OF STATE
TALLAHASSEE, FL.

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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.

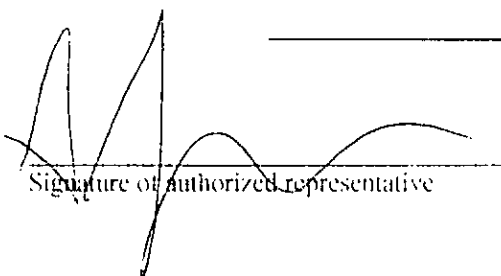
a. Granted to: CHRISTY ALINGAKSAMY

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: CHRISTY ALINGAKSAMY

b. No authority granted to: _____


Signature of authorized representative

JAYAPRAKASH ALINGAKSAMY
Typed or printed name of signature

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