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COVER LETTER

O: Registration Section -Division of Corporations	•	
SMART STRUCTURES LLC		
	of Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)	are submitted for filing.	
lease return all correspondence concerning this	s matter to the following:	
Aneesh Goly, P.E., c/o Debbie Bestor		
Name of Person		
SMART STRUCTURES LLC		
Firm/Company		
1152 W Blue Heron Blvd. Ste. 114		
Address		
Riviera Beach, FL 33404		
City/State and Zip Code		
lbestor@smart-infrastructure.com		
E-mail address: (to be used for future	annual report notification)
or further information concerning this matter,	please call:	
Aneesh Goly, P.E.	561	841-0103 ext. 701
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 authority:	to section 605.0302(1), Florida Statutes, this limited liability company submits the foll:	owing statement of
FIRST: T	The name of the limited liability company is: SMART STRUCTURES LLC	
SECOND:	D: The Florida Document Number of the limited liability company is: 82-3361544	
	The street address of the limited liability company's principal office is: 4152 W Blue Heron Blvd. Ste. 114	
R	Riviera Beach, FL 33404	
	The mailing address of the limited liability company's principal office is: 4152 W Blue Heron Blvd. Ste. 114	;
R	Riviera Beach, FL 33404	_ <u>:</u> _
ι.	May execute an instrument transferring real property held in the name of the compa. Wishalaxmi Allady and Kumar A. Allady, P.E. a. Granted to: Vishalaxmi Allady and Kumar A. Allady, P.E.	oany.
	b. No authority granted to: Aneesh Goly, P.E., Ph.D.	
2.	2. May enter into other transactions on behalf of, or otherwise act for or bind, the co a. Granted to: Aneesh Goly, P.E., Ph.D., Vishalaxmi Allady and Kumar A. Allady, P.E., CEO	mpany.
	b. No authority granted to: N/A	- -
	Kumar A. Allady, P.E.	
Signature o	e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	e of signature