

L18000054612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

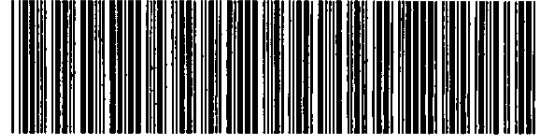
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAXMIJI PP 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:

PALAK PATEL
Name of Person

LAXMIJI PP LLC
Firm/Company

11227, TAEDA DR
Address

ORLANDO, FL 32832
City/State and Zip Code

Store557@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PALAK Patel at 321 946 6358
Name of Person 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

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: LAXMIJI PP LLC

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

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

11227 TAEDA DR
Orlando FL 32832

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

11227, TAEDA DR
Orlando FL 32832

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: PALAK PATEL

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: PALAK PATEL

b. No authority granted to: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Palak Patel
Signature of authorized representative

PALAK PATEL
Typed or printed name of signature

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