

118 000236897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

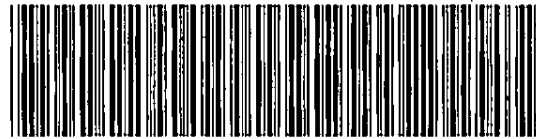
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O SIMMONS
APR 06 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMD INTERNATIONAL 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:

RAJESH VIJ

Name of Person

JMD INTERNATIONAL LLC

Firm/Company

915 N FRANKLIN ST, APT 2316

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

JMDLLC18@GMAIL.COM

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

For further information concerning this matter, please call:

RAJESH VIJ 813 505-7624

Name of Person at (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 section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

JMD INTERNATIONAL LLC

FIRST: The name of the limited liability company is: _____

1.18000236897

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

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

915 N FRANKLIN ST, APT 2316

TAMPA, FLORIDA 33602

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

915 N FRANKLIN ST, APT 2316

TAMPA, FLORIDA 33602

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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.

SIDDHANT VIJ

a. Granted to: _____

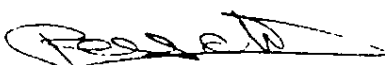
b. No authority granted to: _____

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

SIDDHANT VIJ

a. Granted to: _____

b. No authority granted to: _____


Signature of authorized representative

RAJESH VIJ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)