

L19000255565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

☐

WAIT

☐

MAIL

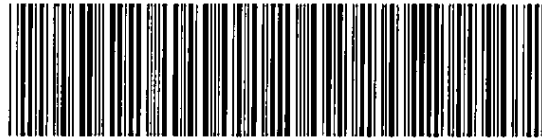
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100365923911

05/11/21--01021--009 **55.00

RECEIVED
MAY 11 AM 9:21
2021 MAY 11 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FL 32399

O SIMMONS

MAY 12 2021

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/11/21 Glinda

☒ **CERTIFIED COPY** _____
PHOTOCOPY _____
☐ **CUS** _____
xx FILING LLC STATEMENT OF AUTHORITY

1. Navish LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Navish, I.I.C. a Florida limited liability company

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:

Gustavo Gutierrez

Name of Person

Gustavo A. Gutierrez, Esq

Firm/Company

Address

City/State and Zip Code

GusG@PLS.LAW

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

For further information concerning this matter, please call:

Gustavo Gutierrez

at (305) 757-4357

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 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: Navish, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000255565

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

10772 NW 69 TERR

Doral, FL 33178

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

10772 NW 69 Terr

Doral FL 33178

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.

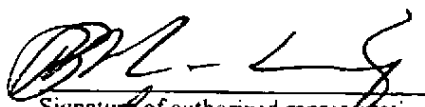
a. Granted to: Asha Maharaj, as Authorized Representative

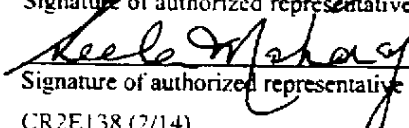
b. No authority granted to: _____

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

a. Granted to: Asha Maharaj, as Authorized Representative

b. No authority granted to: _____


Signature of authorized representative


Signature of authorized representative

CR2E138 (2/14)

Balliram Maharaj and Leela Maharaj

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**