

L20 000103782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

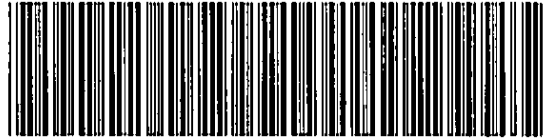
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SECRETARY OF STATE
TALLAHASSEE, FL

SEP 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

2020 JUN 10 PM 6:06

SUBJECT: Suratman LLC, 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:

Rajesh J. Patel

Name of Person

Suratman LLC, a Florida limited liability company

Firm/Company

4545 SW Longbay Drive

Address

Palm City, Florida 34990

City/State and Zip Code

abh11570@yahoo.com

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

For further information concerning this matter, please call:

Rajesh J. Patel

772

310-8113

at (_____) _____

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

CR2E138 (2/14)

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JUL 07 2020

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: Suratman LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L200000103282

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

4545 SW Longbay Drive

Palm City, Florida 34990

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

P.O. Box 1868

Palm City, Florida 34991

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: Rajesh J. Patel

b. No authority granted to: Hemal J. Patel, Anjana R. Patel, Pratik Patel,
Darshan R. Patel, Priya Naran, Nirali Patel

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

a. Granted to: Rajesh J. Patel

b. No authority granted to: Hemal J. Patel, Anjana R. Patel, Pratik Patel,
Darshan R. Patel, Priya Naran, Nirali Patel

see attached
Signature of authorized representative

See Attached
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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2020 SEP 23 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FL

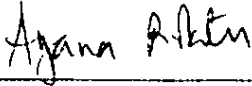
Signature Page for Statement of Authority



Signature of authorized representative

Rajesh J. Patel

Typed or printed name of signature



Signature of authorized representative

Hemal J. Patel

Typed or printed name of signature



Signature of authorized representative

Anjana R. Patel

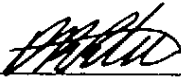
Typed or printed name of signature



Signature of authorized representative

Pratik Patel

Typed or printed name of signature

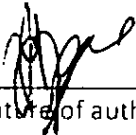


Signature of authorized representative

DARSHAN

~~DARSHAN~~ R. Patel

Typed or printed name of signature



Signature of authorized representative

Priya Naran

Typed or printed name of signature



Signature of authorized representative

Nirali Patel

Typed or printed name of signature

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TALLAHASSEE, FL