

L20000309001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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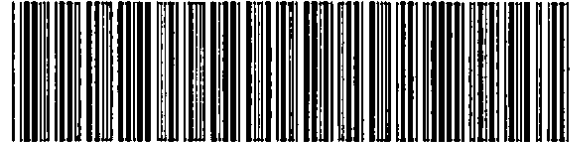
(Business Entity Name)

(Document Number)

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2022 APR 21 AM 9:32  
CLERK OF COURT  
JUN 21 2022

Statement  
of  
Authority

JUN 21 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PURUSHOTTAM LLC

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

MUKESH B. DHIMAR and SUCHITABEN DHIMAR

*Name of Manager*

PURUSHOTTAM LLC

*Name of Company*

2390 S MCCALL RD

*Address of Company*

Englewood, FL 34224

*City/State and Zip Code*

*E-mail Address of Manager*

For further information concerning this matter, please call:

Anne Whitmarsh at

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRET  
TALLAHASSEE

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CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

FILED  
2022 APR 21 AM 9:32  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 26 day of April, 2022, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is: **PURUSHOTTAM LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L20000309001**

**THIRD:** The street address of the limited liability company's principal office is: **2390 S MCCALL RD, Englewood, FL 34224**

The mailing address of the limited liability company's principal office is: **2390 S MCCALL RD, Englewood, FL 34224**

**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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **MUKESH B. DHIMAR and SUCHITABEN DHIMAR**, as Managers.
- b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: **MUKESH B. DHIMAR and SUCHITABEN DHIMAR**, as Managers..
- b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

[Signature]  
Signature of authorized representative

MUKESH B. DHIMAR, as Manager  
Printed name and position title

[Signature]  
Signature of authorized representative

SUCHITABEN DHIMAR, as Manager  
Printed name and position title

STATE OF FLORIDA

COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of ☒ physical presence or \_\_\_ online notarization, this 26 day of April, 2022 by **MUKESH B. DHIMAR** and **SUCHITABEN DHIMAR**, as Managers of PURUSHOTTAM LLC, a Florida limited liability company, who is personally known to me or who has produced as identification and who did take an oath.

[Signature]  
Notary Public, State of Florida  
My Commission Expires:  
(Seal)

