

L22000428695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

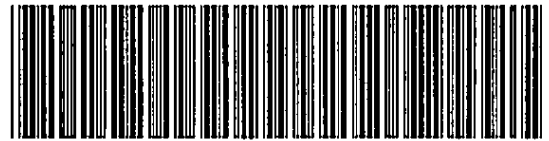
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FILED  
FEB 17 2023  
CLERK OF COURT  
CLERK OF COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Mayfair 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:

Bonnie A. Brown

\_\_\_\_\_  
Name of Person

Law Offices of Bonnie A. Brown

\_\_\_\_\_  
Firm/Company

514 Colorado Avenue

\_\_\_\_\_  
Address

Stuart, Florida 34994

\_\_\_\_\_  
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

370-8113

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

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: The Mayfair LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: 1.22000428695

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, Nirali Patel, Darshan R. Patel and Priya Naran

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, Nirali Patel, Darshan R. Patel and Priya Naran

See attached  
Signature of authorized representative

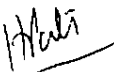
See attached  
Typed or printed name of signature

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


**Signature Page for Statement of Authority**

  
\_\_\_\_\_  
Signature of authorized representative

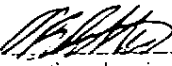
Rajesh J. Patel  
\_\_\_\_\_  
Printed name of Signature

  
\_\_\_\_\_  
Signature of authorized representative

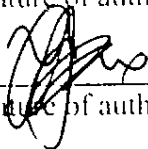
Hemal J. Patel  
\_\_\_\_\_  
Printed name of Signature

  
\_\_\_\_\_  
Signature of authorized representative

Nirali Patel  
\_\_\_\_\_  
Printed name of Signature

  
\_\_\_\_\_  
Signature of authorized representative

Darshan R. Patel  
\_\_\_\_\_  
Printed name of Signature

  
\_\_\_\_\_  
Signature of authorized representative

Priva Naran  
\_\_\_\_\_  
Printed name of Signature