

**L2300033678**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)333-2132

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: michael.candiotti@gmlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ONYX KENDALL HOTEL LLC**

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## 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: ONYX KENDALL HOTEL, LLC

SECOND: The Florida Document Number of the limited liability company is: 123000231178

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

6420 CONGRESS AVE, STE 1850

BOCA RATON, FL 33487

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

6420 CONGRESS AVE, STE 1850

BOCA RATON, FL 33487

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: ANIL B PATEL

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: ANIL B PATEL

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

SAMEET PATEL

Typed or printed name of signature

Filing Fee: \$25.00

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