

L24 000025567

(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



300419632393

01/31/24--01018--017 \*\*25.00

01/31/24--01018--018 \*\*30.00

FILED  
2024 JAN 31 AM 11:06  
STATE  
OFFICE  
TALLAHASSEE, FL

Law Offices of Bonnie A. Brown  
514 Colorado Avenue, Stuart, Florida 34994  
772-221-9024 (telephone) 772-221-9086 (fax)

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January 29, 2024

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street  
Suite 810  
Tallahassee, FL 32303

RE: **Filing-Statement Authority/request for Certified copy**

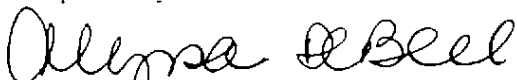
TO WHOM IT MAY CONCERN:

I have enclosed a Statement of Authority to be filed with a check in the amount of Twenty-Five and 00/100 Dollars (\$25.00) as well as a check in the amount of Thirty and 00/100 Dollars (\$30.00) representing payment for a certified copy of the Statement of Authority.

Please use the prepaid fedex label enclosed to send back the certified Statement of Authority.

Please contact this office if you have any questions of concerns.

Respectfully,

  
Alyssa DeBell,  
Paralegal to Bonnie A. Brown, Esq.

FILED  
2024 JAN 31 AM 11  
TALLAHASSEE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Victoria Garden Inns 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

Victoria Garden Inns 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

772 370-8113  
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

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2024 JAN 31 AM 11:06  
TALLAHASSEE, FL  
CLERK OF STATE

### 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: Victoria Garden Inns LLC, a Florida limited liability company

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

**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

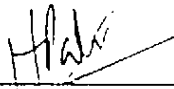
b. No authority granted to: Hemal J. Patel, Nirali Patel, Darshan R. Patel and Priya Naran

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

Rajesh J. Patel  
\_\_\_\_\_  
Typed or printed name of signature

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

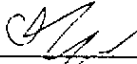
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL



Signature of authorized representative

Hemal J. Patel

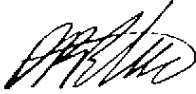
Typed or printed name of signature



Signature of authorized representative

Nirali Patel

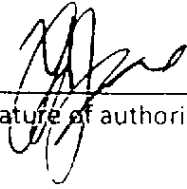
Typed or printed name of signature



Signature of authorized representative

Darshan R. Patel

Typed or printed name of signature



Signature of authorized representative

Priya Naran

Typed or printed name of signature

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2024 JAN 31 AM 11:06  
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