

L13000114669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

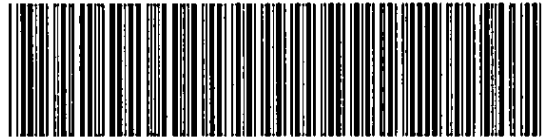
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constructora Garpeco LLC
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:

Jose L. Trujillo
Name of Person

Firm/Company

648 Woodgate Lane
Address

Sunrise, Florida 33326
City/State and Zip Code

jlt761@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose L. Trujillo 954 389-7635
Name of Person at () 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: Constructora Garpeco LLC

SECOND: The Florida Document Number of the limited liability company is: L13000114669

THIRD: The street address of the limited liability company's principal office is:
648 Woodgate Lane, Sunrise, Florida 33326

The mailing address of the limited liability company's principal office is:
648 Woodgate Lane, Sunrise, Florida 33326

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: Jose L. Trujillo
 - 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: Jose L. Trujillo
 - b. No authority granted to: _____

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Carlos M Trujillo
Signature of authorized representative

Carlos M Trujillo
Typed or printed name of signature

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