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COVER LETTER

	tration Section ion of Corporations		
(N Enterprises, LLC	,	
SUBJECT: _	Name of L	imited Liability Comp	pany
Dear Sir or Ma	danı:		
The enclosed S	Statement of Authority and fee(s) are	submitted for filing.	
Please return a	ll correspondence concerning this m	atter to the following:	
Gary Ubaldini			
	Name of Person		
G N Enterprise	es, LLC		
	Firm/Company		
30522 US Hw	y 19N Suite 105		
	Address		
Palm Harbor.	FL 34684		
	City/State and Zip Code		
garyu@kw.co	n		
E-ma	il address: (to be used for future ann	ual report notification	n)
For further inf	ormation concerning this matter, ple	ase call:	
Gary Ubaldini		727 at (772-5600 x25
	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), Fauthority:	Florida Statutes, this limite	ed liability company submits the following	, statement of
FIRST: The name of the limited	liability company is: GN	Enterprises , LLC	
SECOND: The Florida Documen	t Number of the limited li	L03000005048 iability company is:	
THIRD: The street address of the 5020 W, Linebaugh Ave.		y's principal office is:	
Suite 100			
Tampa, FL 34684			76. C.J.
The mailing address of 30522 US Hwy 19N	the limited liability compa	any's principal office is:	5
Suite 105			P11 3: 38
Palm Harbor, FL 34684			ى: ئى
		operty held in the name of the company.	
b. No authority	granted to: Howard Wei	nstein	
		or otherwise act for or bind, the company.	
b. No authority	granted to: Howard Weir	nstein	
Jan Telet		Gary Ubaldini	
Signature of authorized representati	Filing Fee:	Typed or printed name of sig \$25.00 : \$30.00 (optional)	nature