LD7000057952

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WIDEIKIS, BENEDICT & BERNTSSON, LLC

THE BIG W LAW FIRM

ATTORNEYS AT LAW

JOHN L. WIDEIKIS ROBERT C. BENEDICT ROBERT H. BERNTSSON

HEADQUARTERS 3195 S. ACCESS ROAD ENGLEWOOD, FLORIDA 34224 PHONE:(941)627-1000 EMAIL:



4301 AIDAN LANE NORTH PORT, FLORIDA 34287 PHONE:(941)627-1000

333 PARK AVENUE, UNIT 2A P.O. BOX 483 BOCA GRANDE, FLORIDA 33921 PHONE:(941)627-1000

December 28, 2017

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: NOSILLA PROPERTIES, LLC and GULFCOAST PROPERTY INVESTMENTS, LLC

To Whom it May Concern:

Enclosed please find our trust account check number 8637 in the amount of \$50.00 made payable to you in order to file the Statement of Authority for both of the above referenced company.

Please let me know if I can be of further assistance.

Sincerely,

Alison Marsicovetere Real Estate Closer

Enclosures 2017-51287JLW

COVER LETTER

TO: Registration Section Division of Corporations

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

ANGELO INGORVAIA,

Name of Manager

GULFCOAST PROPERTY INVESTMENTS, LLC

Name of Company

3908 26TH ST. W.

Address of Company

BRADENTON, FL 34205

City/State and Zip Code

angingorvaia@gmail.com

E-Mail Address of Manager

For further information concerning this matter, please call:

Alison Marsicovetere at (941) 627-1000 EXT 2005

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 This Instrument Prepared by & Return to: WIDEIKIS, BENEDICT & BERNTSSON, LLC THE BIG W LAW FIRM
John L Wideikis, Esq
3195 S. Access Rd
Englewood, FL 34224

STATEMENT OF AUTHORITY

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Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this day of December, 2017, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: GULFCOAST PROPERTY INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000057952

THIRD: The street address of the limited liability company's principal office is: 3908 26TH ST. W., BRADENTON, FL 34205

The mailing address of the limited liability company's principal office is: PO BOX 19691, SARASOTA, FL 34276

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 matters enumerated below:

- 1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: ANGELO INGORVAIA, as Manager.

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

a. Granted to: ANGELO INGORVAIA, as Manager.

The undersigned does hereby certify the accuracy of the statements set forth herein.

Signature of authorization presentative

ANGELO INGORVAIA, Manager

Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this day of December, 2017, by **ANGELO INGORVAIA**, who is personally known to me, or who has provided **FI.** Dater, to establish his or her identity to me

Print Name:_

Notary Public

My commission expires:

[SEAL]

DENNIS CRIDER
Bartholomew County
My Commission Expires
June 12, 2018