(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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Law Offices of Bonnie A. Brown

Real Estate Law • Title Services • Business Acquisitions & Sales Estate Planning • Probate

Bonnie A. Brown

Attorney at Law

February 24, 2006

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314

Attention: Registration Section

RE: Gestion IS, LLC

Resignation of Member/Manager and Statement of Authority

To Whom It May Concern:

Enclosed you will find an original Statement of Authority. We have also enclosed our check in the amount of \$85.00 for payment of the filing fee and **two (2) certified copies** of the Statement of Authority to be returned to our office.

We are respectfully requesting you file the enclosed documents at your earliest possible convenience. Please return both certified copies to our office in the enclosed self-addressed, stamped envelope.

If you have any questions, please feel free to contact me.

Bonnie A. Brown, Esquire

Enclosures

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	GESTION IS, LLC		
	Name of Lim	ited Liability Comp	pany
Dear Sir or	r Madam:		
The enclos	ed Statement of Authority and fee(s) are su	bmitted for filing.	
Please retu	rn all correspondence concerning this matt	er to the following:	
Bonnie .	A. Brown		
	Name of Person		
Law Off	ices of Bonnie A. Brown		
	Firm/Company		
514 Col	lorado Avenue		
	Address		
Stuart, I	FL 34994		
	City/State and Zip Code		
gestioni	isflorida@gmail.com		
E	-mail address: (to be used for future annua	l report notification	n)
For further	information concerning this matter, please	call:	
Bonnie	A. Brown	772	221-9024
	Name of Person	Area Code	Daytime Telephone Number
R D C	TREET/COURIER ADDRESS: egistration Section bivision of Corporations lifton Building 661 Executive Center Circle fallahassee, Florida 32301	Registrati Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits thauthority:	ne following statement of
FIRST: The name of the limited liability company is: GESTION IS, LLC	
SECOND: The Florida Document Number of the limited liability company is: 80-0734	1179
THIRD: The street address of the limited liability company's principal office is: 149 Morin	
Chateauguay, Quebec J6K1T9 Canada	
The mailing address of the limited liability company's principal office is: Same	
FOURTH: This statement of authority grants or sets limitations of authority on all person position of a person in a company, whether as a member, transferee, manager, officer or o person on the following: 1. May execute an instrument transferring real property held in the name of the a. Granted to: Roland Gauthier	company.
b. No authority granted to:	
May enter into other transactions on behalf of, or otherwise act for or bind, to: Roland Gauthier	the company.
b. No authority granted to:	·
Signature of authorized representative Filling Fee: \$25.00	nier I name of signature

CR2E138 (2/14)