## L11000085492

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

SECRETARY OF STATE OF STORE OF CORPORATIONS

JUN 26 2015

**3** MASON

## COVER LETTER

TO: Registration Section Division of Corporations			
GABJO LLC SUBJECT:			
	Limited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) a	are submitted for filing.		
Please return all correspondence concerning this	matter to the following	:	
Bridget Bonet			
Name of Person		•	
Title Company of Florida, LLC			
Firm/Company			
1200 Brickell Avenue, PH2000			
Address			
Miami, FL 33131			
City/State and Zip Code			
bbonet@titlecompanyoffl.com			
E-mail address: (to be used for future ar	nual report notification	1)	
For further information concerning this matter, pl	lease call:		
Bridgette Bonet	305	938-6922 ext.140	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section authority:	605.0302(1), Florida Sta	tutes, this limited li	ability company submits the f	ollowing staten	nent of
FIRST: The name	of the limited liability or	onipany is: GABJ	IO LLC		
SECOND: The Fl	orida Document Number	of the limited liabi	lity company is: L1100008	5492	
	t address of the limited li ridian Ave. #11, Mi		· · ·		
	ing address of the limited N 22nd Street, Mia	• •	's principal office is:		
	in a company, whether a		ns of authority on all persons heree, manager, officer or other		
1. May e a b	Granted to: Stanisla Dupille, with each the Company.	as Leroy and A th having the p	erty held in the name of the con lexandra Fernandez cower, individually, to bi	SECRETARY FALLAHASSEE	SECRETARY I DIVISION OF COI
2. May a b	Granted to: Stanis  Dupille, with each the Company.	las Leroy and a	otherwise act for or hind, the of Alexandra Fernandez ower, individually, to bit	Adjustinos	OF STATE IRPORATIONS AM II: 07
Signature of author	zed representative	Filing Fee: S	Alexis Leroy Typed or printed na	me of signature	<del></del>