

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Impuls 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:

Hermann Seidl

Name of Person

Firm/Company

1101 NE 2 Street

Address

Hallandale Beach, FL 33009

City/State and Zip Code

siedlh2000@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hermann Seidl

at (305) 986-1852

Area Code Daytime Telephone Number

Name of Person

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

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: Global Impuls LLC

SECOND: The Florida Document Number of the limited liability company is: L12000086550

THIRD: The street address of the limited liability company's principal office is:

1101 NE 2 Street

Hallandale Beach, FL 33009

The mailing address of the limited liability company's principal office is:

1101 NE 2 Street

Hallandale Beach, FL 33009

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: Deann Patterson

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: Deann Patterson

b. No authority granted to: _____

FILED
17 JUN 28 AM 7:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signature of authorized representative

Hermann Seidl

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)