

L12000086550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

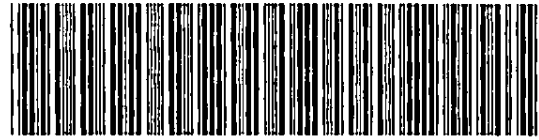
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500307532355

01/13/18--00021--028 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JAN 19 PM 2:02

K. SALY  
JAN 22 2018

**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

\_\_\_\_\_  
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

**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

RECEIVED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
18 JAN 19 4 22:02 PM

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.

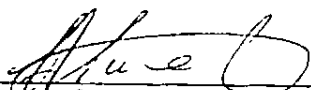
a. Granted to: Deann Patterson

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: \_\_\_\_\_

  
Signature of authorized representative

Hermann Seidl  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)