

L12 3000 95675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

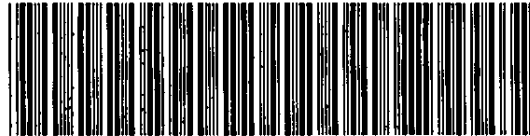
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600286035326

05/31/16--01028--003 **185.00

FILED
16 MAY 31 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016
J SHIVERS

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 Solutions Property Management LLC

SECOND: The Florida Document Number of the limited liability company is: L12000095675

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

10279 SW 144 PL

MIAMI, FL 33186

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

10279 SW 144 PL

MIAMI, FL 33186

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: ALEXANDRA VORBE

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: ALEXANDRA VORBE

b. No authority granted to: _____

Alexandra Vorbe
Signature of authorized representative

ALEXANDRA VORBE
Typed or printed name of signature

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