

Division of Corporations

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# L12000103634

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOMAZA PROPERTIES & INVESTMENTS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 16 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gomaza Properties & Investments 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:

Federico Mautone, Esq.

Name of Person

R&S International Law Group LLP

Firm/Company

1000 Brickell Ave., Suite 400

Address

Miami, FL 33131

City/State and Zip Code

fmautone@rsmiami.com

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

For further information concerning this matter, please call:

Federico Mautone, Esq.

Name of Person

305

Area Code

349-1500

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

CR2E138 (2/14)

## 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: Gomaza Properties & Investments LLC

SECOND: The Florida Document Number of the limited liability company is: L12000103634

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

3527 NE 168TH ST., Unit 202

NORTH MIAMI BEACH, FL 33160

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

200 Sunny Isles Blvd, Unit 2-1105

Sunny Isles Beach, FL 33160

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: \_\_\_\_\_
  - b. No authority granted to: Gabriela Godoy
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to: \_\_\_\_\_
  - b. No authority granted to: Gabriela Godoy

Signature of authorized representative

Cristiane Rodrigues

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E(38) (2/14)

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