

L12000125665

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GATI FIRMA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

15 APR 30 PM 10:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATI FIRMA, 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:

DANIEL J. SERBER

Name of Person

SERBER & ASSOCIATES, P.A.

Firm/Company

2875 NE 191ST STREET SUITE 801

Address

AVENTURA, FL 33180

City/State and Zip Code

yf@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda Fornaris

at (305)

932-6262

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: GATI FIRMA, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000125665

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

2875 NE 191ST STREET

SUITE 801

AVENTURA, FL 33180

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

2875 NE 191ST STREET

SUITE 801

AVENTURA, FL 33180

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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: MARIA DE LAS NIEVES GONZALEZ

SEGHEZZO

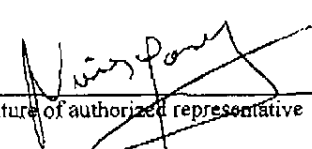
b. No authority granted to: GERARDO DOMINGUEZ

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: MARIA DE LAS NIEVES GONZALEZ

SEGHEZZO

b. No authority granted to: GERARDO DOMINGUEZ


Signature of authorized representative

MARIA DE LAS NIEVES GONZALEZ SEGHEZZO
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)