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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
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GATOR INVESTMENT SUBJECT:	T VENTURES LLC	
	une of Limited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and f	ee(s) are submitted for filing.	
Please return all correspondence concernin	ng this matter to the following	:
JOHN EGUSQUIZA		
Name of Person		
EGUSQUIZA LAW PA		
Firm/Company		
9960 SW 40 STREET		
Address	· · · · · ·	
MIAMI, FLORIDA 33165		
City/State and Zip Code		
JOHN@JEELAWPA.COM		
E-mail address: (to be used for fu	iture annual report notification	1)
For further information concerning this ma	atter, please call:	
JOHN EGUSQUIZA	305 at (
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: GATOR INVESTMENT VENTURES, LLC $\textbf{SECOND:} \ \, \textbf{The Florida Document Number of the limited liability company is:} \underline{L13000159632}$ THIRD: The street address of the limited liability company's principal office is: 9960 SW 40TH STREET MIAMI, FLORIDA 33165 The mailing address of the limited liability company's principal office is: 9960 SW 40 STREET MIAMI, FLORIDA 33165 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. Granted to: JOHN EGUSQUIZA b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to:___JOHN EGUSQUIZA b. No authority granted to: JOHN EGUSQUIZA Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)