43000161264

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COVER LETTER

Div	vision of Corporations				
SUBJECT:	PT GLOBAL, LLC, a Florida limited liability company				
	Name of Limited Liability Company				
Dear Sir or h	Madam:				
The enclosed	d Statement of Authority and fee(s) are s	ubmitted for filing.			
Please return	all correspondence concerning this mat	ter to the following:			
Maite Go	omez				
	Name of Person				
Perland ⁻	Title & Escrow Services Corp				
	Firm/Company				
9100 S. I	Dadeland Blvd., Suite 514				
	Address				
Miami, F	lorida 33156				
	City/State and Zip Code				
processir	ng@perlandtitle.com				
E-1	mail address: (to be used for future annua	al report notification)		
For further i	nformation concerning this matter, pleas	e call:			
Maite Go	omez	305	846-7880		
	Name of Person	Area Code	Daytime Telephone Number		
Reg Div Cli	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314		

Tallahassee, Florida 32301

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to authority:	to section 605.0302(1), Florida Statutes, this limited liability company sub	mits the following statement of
FIRST: 7	The name of the limited liability company is: PT GLOBAL, LLC, a	Florida limited liability cor
SECOND	D: The Florida Document Number of the limited liability company is: L1:	3000161264
THIRD:	The street address of the limited liability company's principal office is: 5121 Granada Blvd	
-	Coral Gables, Fl 33146	
<u>.</u>	The mailing address of the limited liability company's principal office is SAME AS ABOVE	: :
position o person on	H: This statement of authority grants or sets limitations of authority on all of a person in a company, whether as a member, transferee, manager, office the following: 1. May execute an instrument transferring real property held in the name a. Granted to: PABLO P. BRAVO	of the company.
	b. No authority granted to: N/A	9
2	2. May enter into other transactions on behalf of, or otherwise act for or a. Granted to: PABLO P. BRAVO	bind, the company.
	b. No authority granted to:	
		P. BRAVO
Signature	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	printed name of signature