

L14000110824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

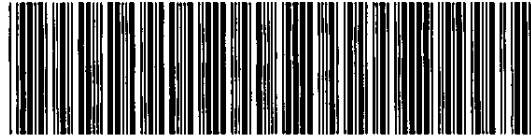
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Connect 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:

Sandra Hoshor

Name of Person

S H Hoshor CPA LLC

Firm/Company

1035 S State Rd 7, Suite 313

Address

Wellington, FL 33414

City/State and Zip Code

shoshor@comcast.net

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

For further information concerning this matter, please call:

Sandra Hoshor

Name of Person

at (

561

Area Code

434-1655

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)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: Gulf Connect LLC

SECOND: The Florida Document Number of the limited liability company is: L14000110824

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

1035 S State Rd 7

Suite 313

Wellington, FL 33414

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

1035 S State Rd 7

Suite 313

Wellington, FL 33414

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.

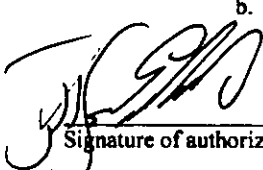
a. Granted to: _____

b. No authority granted to: _____

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

a. Granted to: Sandra Hoshor to open business bank account
and to have signature on account to write checks

b. No authority granted to: _____



Signature of authorized representative

Abdullah Sharafi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA