

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GPT PROPERTIES GROUP 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:

Luis Piletti
Name of Person

GPT. PROPERTIES GROUP LLC
Firm/Company

666 SPINNAKER DR W.
Address

Hollywood, FL, 33019
City/State and Zip Code

Luis Piletti @ GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS PILATTI at (786) 3019596
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: GPT Properties Group LLC

SECOND: The Florida Document Number of the limited liability company is: L14000134063

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

3800 S OCEAN DR. Suite 238.
Hollywood, FL, 33019

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

608 SPINNAKER DR West.
Hollywood, FL, 33019

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: MADELINE W WARES

b. No authority granted to: NA

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

a. Granted to: MADELINE W Wares

b. No authority granted to: NA


Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)