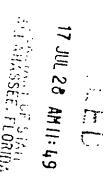
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-	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
GPT Properties Group LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Luis A. Pilatti	
Name of Person	
GPT Properties Group LLC	
Firm/Company	
3800 S. Ocean Dr., Suite 238	
Address	
Hallandale, FL 33019	
City/State and Zip Code	
Luispilatti@gmail.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter, ple	rase call:
Luis A. Pilatti	786- 301-9596
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

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		
SECON	D: The Florida Document Number of the limited liability company is: 14000134063	3	
	: The street address of the limited liability company's principal office is: 3800 S. Ocean Dr., Suite 238		
	Hallandale, FL 33019		
	The mailing address of the limited liability company's principal office is: 3800 S. Ocean Dr., Suite 238		
	Hallandale, FL 33019		
position	 Th: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: May execute an instrument transferring real property held in the name of the company a. Granted to: Luis Alberto Pilatti or Monica Viviana Prandi 	or to a specific	
	b. No authority granted to: Madeline W. Wares	.49 840	
	May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Luis Alberto Pilatti or Monica Viviana Prandi	any.	
	b. No authority granted to: Madeline W. Wares		
	Luis Alberto Pilatti Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) 8 (2/14)	signature	