

LL50000 78033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEP AGRICULTURAL TRADING 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:

Armando Montesino

Name of Person

Montesino Law

Firm/Company

5201 Blue Lagoon Dr #800

Address

Miami, FL 33126

City/State and Zip Code

AMontesino@MontesinoLaw.com

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

For further information concerning this matter, please call:

Armando Montesino at (305) 904-5929
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: GEP AGRICULTURAL TRADING LLC

SECOND: The Florida Document Number of the limited liability company is: L15000078033

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

2020 Ponce de Leon Blvd 1105A

CORAL GABLES, FL 33134

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

4585 PONCE DE LEON BLVD UNIT 1008

CORAL GABLES, FL 33146

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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: Thomas Clifford Mann

b. No authority granted to: All other persons.

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

a. Granted to: Thomas Clifford Mann

b. No authority granted to: All other persons.



Signature of authorized representative

Thomas Clifford Mann

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)