

LB000120879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP -6 P 1:05

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SEP 07 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GUAP 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:

GIOVANNI GAGLIARDI

\_\_\_\_\_  
Name of Person

c/o CINOTTI LLP

\_\_\_\_\_  
Firm/Company

66 W Flagler Street #1002

\_\_\_\_\_  
Address

MIAMI , FL 33130

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alessandra Piras

\_\_\_\_\_  
Name of Person

786

\_\_\_\_\_  
Area Code

577-2291

\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA  
SEP 6 2016  
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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: GUAP LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000120879

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

224 Española Way MIAMI BEACH, FL 33139

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

same as above

**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:

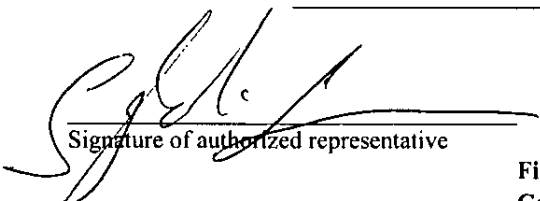
a. Granted to: UMBERTO SACCONI

b. No authority granted to: Giovanni Gagliardi, Aniello Sorrentino  
and Paolo De Martino

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

a. Granted to: UMBERTO SACCONI (See Exhibit A)

b. No authority granted to: Giovanni Gagliardi, Aniello Sorrentino  
and Paolo De Martino

  
Signature of authorized representative

Giovanni Gagliardi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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FLORIDA

**EXHIBIT A**

**TO STATEMENT OF AUTHORITY**

**GUAP LLC**

- All powers to act and bind the Company including, but not limited to:
- sign any and all contracts;
- make any and all decisions as to tax matters, sign and certify all tax returns;
- open, modify and close bank accounts, appoint signatories to bank accounts, transfer funds, make payments;
- sign and file any documents to keep the Company in good standing with the State of Florida;
- hire and pay all vendors to perform services required by the Company;
- sign agreements for services and purchase of goods.

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA