

115000120879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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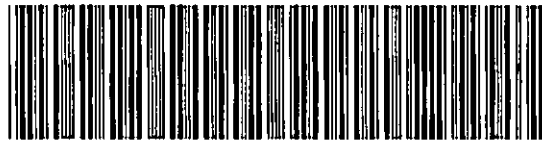
(Business Entity Name)

(Document Number)

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DEC 20 2017

**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

**GUAP LLC**

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

**224 Espanola Way**

\_\_\_\_\_  
Address

**Miami Beach, FL 33139**

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

**gionnylegend@gmail.com**

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

For further information concerning this matter, please call:

**GIOVANNI GAGLIARDI**

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

at ( **305** )

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

**570-6614**

\_\_\_\_\_  
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 695.0302(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 ESPANOLA WAY

MIAMI BEACH, FL 33139

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

224 ESPANOLA WAY

MIAMI BEACH, FL 33139

**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: GIOVANNI GAGLIARDI, PAOLO DI MARTINO and ANIELLO SORRENTINO

b. No authority granted to: UMBERTO SACCONI, CORRADO SACCONI

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

a. Granted to: GIOVANNI GAGLIARDI, PAOLO DI MARTINO and ANIELLO SORRENTINO

b. No authority granted to: UMBERTO SACCONI, CORRADO SACCONI

\_\_\_\_\_  
Signature of authorized representative

GIOVANNI GAGLIARDI  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)