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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Global Sports Agency 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:
Joseph Rodriquez, Sr Name of Person
Global Sports Agency, LLL Firm/Company
12260 sw 132 tt, Suite 113 Address
Micmi FL 331XL City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toseph Roleisver Sy at (305) 234-5858  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 lir authority:	mited liability compa	any submits the fol	llowing statement	of
FIRST: The name of the limited liability company is:	Global	SPARTS	Associa	L

EIN; 81-1262469 SECOND: The Florida Document Number of the limited liability company is: L160 000 15598 **THIRD:** The street address of the limited liability company's principal office is: 12260 SW 132 C+ Suite 113 MIGMI FL 33186 The mailing address of the limited liability company's principal office is: 12260 SW 132 c+ Sulte 113 Migm, FL 33186 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: Juseph G Rodrieves 4 Lon Guitmen Gutierres
  - b. No authority granted to:
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to: Joseph G Rodrismi, 4 RA Leo Coutierrez
  - b. No authority granted to:

nature of authorized representative

Toseph Kodrigue z Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)