

1160000 84778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 15 2020

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GIANLUCA G 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:

GUSTAVO GONZALEZ  
Name of Person

GIANLUCA G LLC  
Firm/Company

1200 ANASTASIA AVE suite 412  
Address

CORAL GABLES / FL / 33134  
City/State and Zip Code

LOVECOLIVE @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ORTIZ at ( 786 ) 263 2609  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# 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: GIANLUCA G LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000084778

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

1200 ANASTASIA AVE SUITE 412  
CORAL GABLES FL 33134

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

1200 ANASTASIA AVE SUITE 412  
CORAL GABLES  
FL 33134

**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.

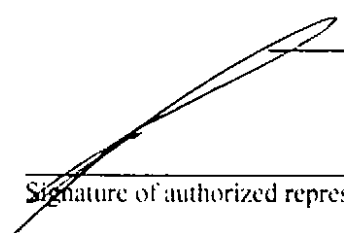
a. Granted to: MARIA NATALIA ORTIZ

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: MARIA NATALIA ORTIZ

b. No authority granted to: \_\_\_\_\_

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

GUSTAVO GONZALEZ  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)