

L17000080881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

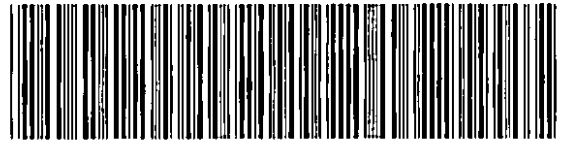
(Business Entity Name)

(Document Number)

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OCT 15 A 11:47

2018 OCT 15 A 11:16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IGJCAT INVESTMENTS, 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:

**GONZALEZ, IDELKIS**

Name of Person

Firm/Company

**PO Box 441486**

Address

**Miami, Florida 33144**

City/State and Zip Code

**yourhealthins@yahoo.com**

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

For further information concerning this matter, please call:

**GONZALEZ, IDELKIS**

**305**

**799-0183**

at ( )

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

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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: IGJCAT INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000080881

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

6570 SW 37ST

MIAMI, FL 33155

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

PO Box 441486

Miami, Florida 33144

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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.

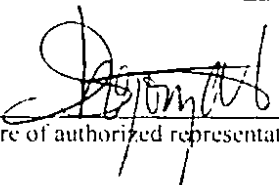
a. Granted to: Idelkis Gonzalez

b. No authority granted to: Joel Herrera

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

a. Granted to: Idelkis Gonzalez

b. No authority granted to: Joel Herrera

  
Signature of authorized representative

IDELKIS GONZALEZ  
Typed or printed name of signature

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

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