L17000124643

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COVER LETTER

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vision of Corporations		
Gold Label Holdings, LLC		
Name of L	imited Liability Com	pany
Madam;		
d Statement of Authority and fee(s) are	submitted for filing.	
all correspondence concerning this m	atter to the following:	
ו		
Name of Person		
Holdings, LLC		
Firm/Company		
oad, Suite 120		
Address		
, FL 32789		
City/State and Zip Code		
nail.com		
nail address: (to be used for future annu	ual report notification)
nformation concerning this matter, plea	se call:	
ı	407	255-4400
Name of Person	Area Code	Daytime Telephone Number
	Sold Label Holdings, LLC Name of L Madam: I Statement of Authority and fee(s) are all correspondence concerning this management. Name of Person Holdings, LLC Firm/Company Pad, Suite 120 Address FL 32789 City/State and Zip Code ail.com ail address: (to be used for future annumation concerning this matter, please of the concerning the conce	Sold Label Holdings, LLC Name of Limited Liability Companies Madam: I Statement of Authority and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Name of Person Holdings, LLC Firm/Company Pad, Suite 120 Address FL 32789 City/State and Zip Code ail.com ail address: (to be used for future annual report notification formation concerning this matter, please call: 407 at (

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 t authority:		05.0302(1). Florida	Statutes, this limited I	iability company submits the fol	lowing statement of
FIRST: 7	The name o	of the limited liabilit	y company is: Gold L	abel Holdings, LLC	- .
SECOND): The Flor	rida Document Num	nber of the limited liabi	ility company is: L1700012464	3
		address of the limit load, Suite 120	ed liability company's	principal office is:	
-	Winter Park	k, FL 32789			
-		ng address of the lir	nited liability company	's principal office is:	
- -	Winter Parl	k, FL 32789			_
position o person on	f a person i the followi	in a company, whething: lecute an instrument	t transferring real prope	ns of authority on all persons have feree, manager, officer or otherw erty held in the name of the com	ise or to a specific
	b.	No authority gran	ted to: Derek Hovey		- REPERT - 8: 19
2	2. May er a.	nter into other trans		rotherwise act for or bind, the co	ompany.
	b.	No authority gran	ted to: Derek Hovey		
	BH C	form		Jeff Joachim	
Signature	di/illithorliz	edd representative		Typed or printed nam \$25.00 \$30.00 (optional)	ne of signature