

L17000156174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

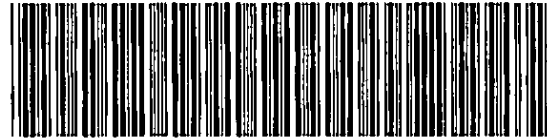
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800301646538

07/24/17--01044--026 \*\*25.00

FILED

2017 JUL 24 A 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUL 27 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GELSKY 173316, 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:

Christina T. Quintana

Name of Person

Quintana Law Firm

Firm/Company

145 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

tq@quintanalawfirm.com

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

For further information concerning this matter, please call:

Christina Quintana

305

446-0300

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

2017 JUL 24 A 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## 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 GELSKY 173316, L.L.C.

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

17000156174

**THIRD:** The street address of the limited liability company's principal office is: 10825 SW 69<sup>th</sup> Ave., Pinecrest, Florida 33156.

The mailing address of the limited liability company's principal office is: 1204 Suncast Ln. Suite 2, El Dorado Hills, CA. 95762

**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 as follows:

Except by the written consent of the sole Member (or if more than one Member, the Members owning 100% of the Membership Interest in the Company), no Manager, Authorized Representative, or Officer shall have the authority to:

i) Enter into any agreement, contract, or commitment on behalf of the Company which would obligate any Member to fund additional capital, to guarantee a loan or increase a Member's personal liability either to the Company or to a third party;

ii) Confess a judgment against the Company;

iii) Sell or dispose of substantially all Company assets;

iv) Enter into any loan agreement or obligation binding the Company as a debtor or creditor;

v) Change or merge the Company into another legal entity;

vi) Place title to any Company asset or property in the name of a nominee or sell, lease, pledge, hypothecate, or grant a security interest in any Company asset or property;

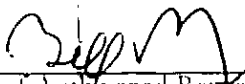
vii) File a petition for or against the Company for bankruptcy or assignment for the benefit of creditors;

viii) Register any interest in this Company for an offering under any federal or state securities law;

ix) Grant of options, if any, to acquire equity in the Company;

FILED  
2018 JUL 24 A 11:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

- x) Enter into a written employment contract with any employee;
- xi) Approve and/or establish the salary and/or compensation of any employee of the Company;
- xii) Enter into any agreement for the purchase or sale of any real property;
- xiii) Dissolve liquidate, and/or wind up the affairs of the Company; and
- xiv) Encumber, mortgage, lease, convey, or restrict any real property owned by the Company.

  
Signature of Authorized Representative/Manager  
Typed or Printed Name of Signature: B. H. D. Ringer

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED

2017 JUL 24 A 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA