L18000140772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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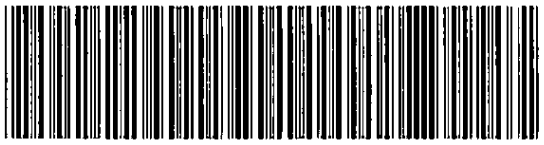

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED STATEMENT OF AUTHORITY FOR:

GALIA LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8808 FOR: $25.00

THANK YOU!

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:

GALIA LLC

SECOND: The Florida Document Number of the limited liability company is: L18000140772

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

1201 e. PONCE DE LEON , APT 206, CORAL GABLES, FL 33134

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

8925 SW 148TH STREET, SUITE 210, PALMETTO BAY, FL 33176

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: JOSEPH B. RYAN III, ESQ.
   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 :
   b. No authority granted to:

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Signature of authorized representative

GERARD MALASSIS, MGR

Typed or printed name of signature

CR2E138 (2/14)