L19000021747

(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

200324252312

02/08/19--01009--020 **55.00

S. TALLENT

FEB 18 2019

FILED

19 FEB -8 PM 2:40

Statement of Authority

GASSMAN, CROTTY & DENICOLO, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN*+
KENNETH J. CROTTY***^
CHRISTOPHER J. DENICOLO***
BRANDON L. KETRON*~
EMIL G. PRATESI**
---
*LL.M. IN TAXATION
+BOARD CERTIFIED LAWYER
WILLS, TRUSTS AND ESTATES
***LL.M. IN ESTATE PLANNING
^BOARD CERTIFIED LAWYER TAX LAW
~CERTIFIED PUBLIC ACCOUNTANT
**REAL ESTATE

1245 COURT STREET
CLEARWATER, FL 33756
TELEPHONE: (727) 442-1200
FAX: (727) 443-5829
WWW.GASSMANLAW.COM

February 5, 2019

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

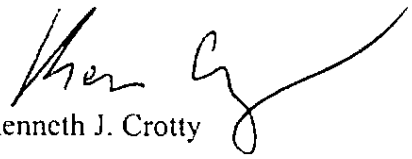
To Whom it May Concern:

Enclosed, please find a Statement of Authority for filing for Destiny GZ, L.L.C.

Also enclosed, please find a check in the amount of $55.00 for the cost of filing and certifying the above-referenced document. Please return the certified Statement of Authority to our office using the enclosed self-addressed, stamped envelope.

Please do not hesitate to contact me should you have any questions or concerns with respect to the attached.

Best personal regards,



Kenneth J. Crotty

KJC:ces
Enclosures
SASE

J:\TRACKERS\Statements of Authority\8587\Destiny GZ, LLC\Division of Corporations.Registration.1.wpd
8587

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESTINY GZ, L.L.C.
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:

Alan S. Gassman, Esq.
Name of Person

Gassman Law Associates, P.A.
Firm/Company

1245 Court Street, Suite 102
Address

Clearwater, FL 33756
City/State and Zip Code

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan S. Gassman, Esq. at (727) 442-1200
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

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: DESTINY GZ, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L19000021747

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

1245 Court Street

Clearwater, FL 33756

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

1245 Court Street

Clearwater, FL 33756

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; may give a mortgage on real property held in the name of the company; may satisfy a mortgage on real property held in the name of the company; may record a lease, option, and/or mechanics lien on real property held in the name of the company; may record any other incumbrance which would cloud or otherwise provide a detrimental impact on the real property held in the name of the company.

   a. Granted to: Gassman, Crotty & Denicolo, P.A.

   b. **No person or entity other than the person(s) or entity(ies) listed under Item 1(a) above, including no member, manager, transferee or otherwise of DESTINY GZ, L.L.C., shall have any authority to take any of the actions set forth in Item 1 above. The authority to take any of the actions set forth in Item 1 above is limited solely to the person(s) or entity(ies) listed under Item 1(a) above.**

FILED
19 FEB -9 PM 2:40

Witness

Witness

Signature of Authorized Representative

Alan S. Gassman, Esquire
Typed or printed name of signature

STATE OF FLORIDA)
COUNTY OF PINELLAS)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ALAN S. GASSMAN, ESQUIRE, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed this Statement of Authority, or that I relied upon the following forms of identification of the above-named person: _____.

WITNESS, my official hand and seal this 5th day of February, 2019.

(SEAL)

CATHERINE E. SMITHWICK
MY COMMISSION # FF 963753
EXPIRES: February 23, 2020
Bonded Thru Notary Public Underwriters

Catherine E. Smithwick
Notary Public Signature

Catherine E Smithwick
Printed Notary Signature

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

J:\TRACKERS\Statements of Authority\8587\Destiny GZ, LLC\Statement of Authority.1a.wpd
.cak*caw 01/31/19