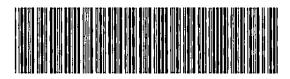
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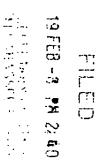
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Statement Statement

GASSMAN, CROTTY & DENICOLO, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN*+
KENNETH J. CROTTY***^
CHRISTOPHER J. DENICOLO***
BRANDON L. KETRON**
EMIL G. PRATESI**

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

*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

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,

Kennein J. Crotty

KJC:ces Enclosures SASE

THE INFORMATION CONTAINED IN THIS TRANSMISSION MAY BE ATTORNEY PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION MAY BE STRICTLY PROHIBITED BY LAW. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US AT THE ABOVE-STATED TELEPHONE NUMBER.

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

COVER LETTER

Registration Section Division of Corporations

Tallahassee, Florida 32301

TO:

SUBJECT: <u>DESTINY GZ, L.L.C.</u> Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	er 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:
	727) 442-1200
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to Section 605.0302(1), Florida Statutes, this limited fiability company submits the following statement of authority:

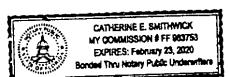
FIRST: The name of the limited liability of	company is:	DESTINY GZ, L.L.C.	
SECOND: The Florida Document Numbe	er of the limited liat	bility company is: <u>L19</u>	100621747
THIRD: The street address of the limited	liability company's	s principal office is:	
1245 Court Street			
Clearwater, FL 33756			
The mailing address of the limited	d 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.

Winess COAS	Signature of Authorized Representative
Mor Witness	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, acknowledgments, personally appeared ALAN S. GASSMAN and who executed the foregoing instrument, who acknowledge or that I relied upon the following forms of identification of the	d before me that he executed this Statement of Authority.
WITNESS, my official hand and seal this 5th day	or February 2019.

(SEAL)



Cotherine E. Smithwick

Notary Public Signature

Cotherine E. Smithwick

Printed Notary Signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)