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- (Ra	questor's Name)	
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Certified Copies	_ Centificates o	r Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corpora				
GO CONSTRU	CTION GROUP, LLC			
SUBJECT.	Name of Limited Liability	Company		
Dear Sir or Madam:				
The enclosed Statement of A	uthority and fee(s) are submitted for t	filing.		
Please return all corresponde	nce concerning this matter to the follo	owing:		
FRANK R SARIOL				
Nan	e of Person			
THE SARIOL GROUP LLC				
Firn	/Company			
8200 NW 41ST STREET, SU	JITE 315			
A	ldress		202 SEC	
DORAL, FL 33166			RED RED	
City/State a	nd Zip Code		PRETARY	EED
Dabreu@sarionlin	migracion.com		OF STATE	
E-mail address: (to	be used for future annual report notifi	cation)	12 %	
For further information conce	rning this matter, please call:		7E	
Frank R. Sariol	at (786) 636-8655		
Name of Po	rson Area C	Code Daytime Teleph	none Number	
Mailing Address	:	Street Address:		

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority	:	•	ida Statutes, this limited		_	statement	. 01
FIRST:	The name of	of the limited liab	oility company is: GO C	CONSTRUCTION OR	OUP, ELC		
SECONI	D: The Flor	rida Document N	fumber of the limited lia	bility company is:	9000249524		
			nited liability company ITE 900, MIAMI, FL 3	•			
		_	limited liability compa ITE 900, MIAMI, FL 3	- , ,		2021 JAN	-1 -
position of person or	of a person in the follow	n a company, whing: ccute an instrum	ity grants or sets limitate nether as a member, transent transferring real proto G DI PERSIO	ions of authority on al isferee, manager, offic perty held in the name	er or otherwise of the company.	8 Postarus or	
	a . b.		ranted to:				
	2. May ei a.		insactions on behalf of, ZIO G DI PERSIO	or otherwise act for or	· bind, the company.		
	b.	No authority gr	ranted to:				
	io J Di Pi			-) J DI PERSIO		
Sīgiláli/ि	P8f all(horiz	ed representative	Filing Fee:	Typed or \$25.00 : \$30.00 (optional)	printed name of sig	nature	

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