

L 20000 140134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

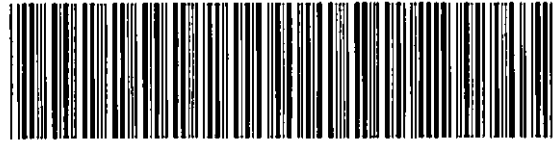
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GTO AMERICA 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:

MATTEO ROSETTI and RITO ROBERT SCOLARO

Name of Person

GTO AMERICA LLC

Firm/Company

3225 N. HIATUS ROAD, UNIT 451422

Address

SUNRISE, FL 33345

City/State and Zip Code

matteo@gtogts-usa.com

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

For further information concerning this matter, please call:

MATTEO ROSETTI

at (727) 339-9077

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

2023 APR 26 PM 2:39

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: GTO AMERICA LLC

SECOND: The Florida Document Number of the limited liability company is: L20000140134

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

1401 SAWGRASS CORPORATE PARKWAY, SUITE 200

SUNRISE, FL 33323

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

3225 N. HIATUS ROAD, UNIT 451422

SUNRISE, FL 33345

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: MARCO SCOLARO

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: _____


Signature of authorized representative

MATTEO ROSETTI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2023 APR 26 PM 4:29