

L20000391212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

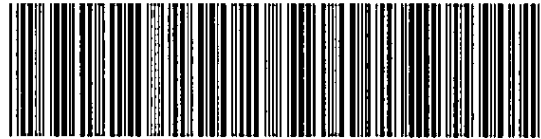
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gazza Family Fund, 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:

Rene Griffith

Name of Person

Firm/Company

4260 SE Federal Highway

Address

Stuart, Florida 34997

City/State and Zip Code

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

For further information concerning this matter, please call.

Rene Griffith

772

546-4101

at ()

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

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: Gazza Family Fund, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000391212

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

5150 North Ocean Dr., Unit 1403, Singer Island, FLorida 33404

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

5150 North Ocean Dr., Unit 1403, Singer Island, FLorida 33404

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.

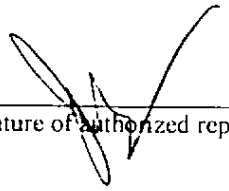
a. Granted to: Joseph Zachary Gazza

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: Joseph Zachary Gazza

b. No authority granted to: _____



Signature of authorized representative

Joseph F. Gazza

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)