

121 000305918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

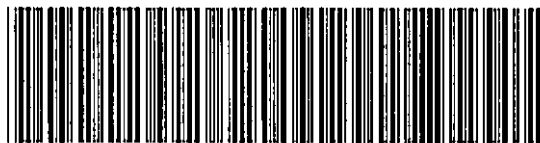
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLYK GROUP 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:

Glenda Rodriguez

Name of Person

GLYK GROUP, LLC.

Firm/Company

3495 W VINE STREET

Address

KISSIMMEE, FL. 34741

City/State and Zip Code

GLENDAVRODRIGUEZ@GMAIL.COM

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

For further information concerning this matter, please call:

Jorge Gaviria, ESQ.

Name of Person

786

at (_____)_____
Area Code

298-1110

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: GLYK GROUP LLC

SECOND: The Florida Document Number of the limited liability company is: L21000305918

THIRD: The street address of the limited liability company's principal office is:
3495 W VINE STREET KISSIMMEE, FL 34741

The mailing address of the limited liability company's principal office is:
3495 W VINE STREET KISSIMMEE, FL 34741

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.

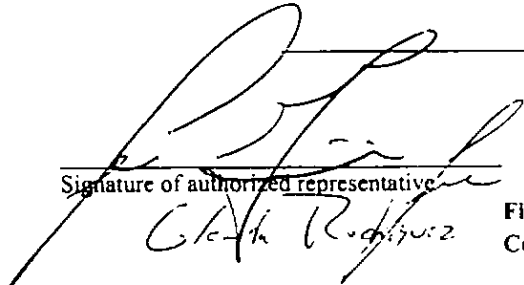
a. Granted to: GLENDIA RODRIGUEZ, & YULIESCAR MENDOZA &
KATHERINE HEREIDA, ALL MUST JOIN IN ANY INSTRUMENT

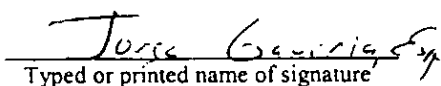
b. No authority granted to: ALL OF THE ABOVE MUST JOIN

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


Typed or printed name of signature

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

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