

422000156992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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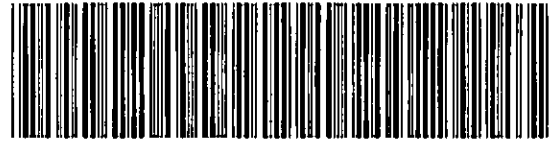
(Business Entity Name)

(Document Number)

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cf 10/9/2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GST FTM, 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:

Luca Di Nunzio

\_\_\_\_\_  
Name of Person

Dorcey Law Firm

\_\_\_\_\_  
Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

\_\_\_\_\_  
Address

Fort Myers, FL 33966

\_\_\_\_\_  
City/State and Zip Code

support@dlfregisteredagent.com

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

For further information concerning this matter, please call:

Luca Di Nunzio

239

308-1073

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

2022 JUL 11 AM 9:25

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

**NAME OF LLC:** GST FTM, LLC

**FLORIDA LLC DOCUMENT NUMBER:** L22000156992

**PRINCIPAL OFFICE ADDRESS:** 6391 Corporate Park Cir Ste 1, Fort Myers, FL 33966

**MAILING ADDRESS (if different):** 6391 Corporate Park Cir Ste 1, Fort Myers, FL 33966

**MANAGER:** Mustafa Saracogullari

Below is the authority given to Mustafa Saracogullari (a.k.a. Matthew Sarac), Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

- ☒ All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority).
- ☐ He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.
- ☐ He/She has Authority to Purchase Property in the Name of the LLC.
- ☐ He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.
- ☐ He/She has authority to Open Bank Account(s) in Name of the LLC.
- ☐ He/She has authority to Close Bank Account(s) Owned by the LLC.
- ☐ He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (Ex: Vehicles/Equipment).
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/Equipment).
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.

- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Services.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
- ☐ He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.
- ☐ He/She has authority to File Annual Reports with State of Florida.
- ☐ He/She has authority to Amend Annual Reports with State of Florida.
- ☐ He/She has authority to File Statement of Authority(s) with State of Florida.
- ☐ He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.
- ☐ He/She has authority to Amend Articles of Organization.

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

**GST FTM, LLC;**

By: 

Print Name: Mustafa Saracogullari

Title: Manager