

L23000186573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

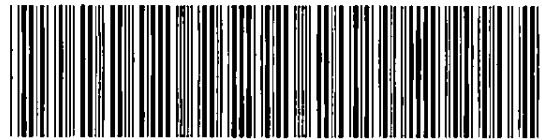
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10:15 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gratitudinous, 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:

Odalys Hernandez

Name of Person

L. Michael Osman, PA.

Firm/Company

1474 - A West 84 St.

Address

Hiialeah, FL 33014

City/State and Zip Code

Monicacorreia@gmail.com

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

For further information concerning this matter, please call:

Odalys Hernandez

Name of Person

at (305) 823-1401

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: Gratitudinous, LLC.

SECOND: The Florida Document Number of the limited liability company is: L23000186573

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

642 W 64 Drive
Hialeah, FL 33012

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

642 W 64 Drive
Hialeah, FL 33012

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: Monica Correa Lopez

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Monica Correa Lopez

b. No authority granted to: N/A

Monica Correa Lopez
Signature of authorized representative

Monica Correa Lopez
Typed or printed name of signature

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