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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aegis Gibson 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:

Mohammad K Alam

Name of Person

Aegis Gibson LLC

Firm/Company

1220 Leith Hall Dr

Address

Saint Johns, Florida 32259

City/State and Zip Code

mdkhurshidalam@outlook.com

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

For further information concerning this matter, please call:

Mohammad K Alam

904

3058292

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: Aegis Gibson LLC

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

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

1150 NW 72nd Ave, Tower 1,

Ste 455 #13346

Miami, Florida 33126

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

1220 Leith Hall Dr

Saint Johns, Florida 32259

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: Mohammad K Alam

b. No authority granted to: Charles Welsh

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

a. Granted to: Mohammad K Alam

b. No authority granted to: Charles Welsh


Signature of authorized representative

Mohammad K Alam
Typed or printed name of signature

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

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