

L16000036152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

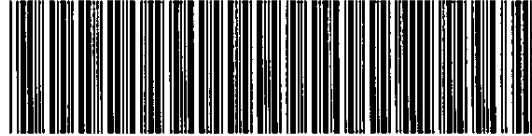
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



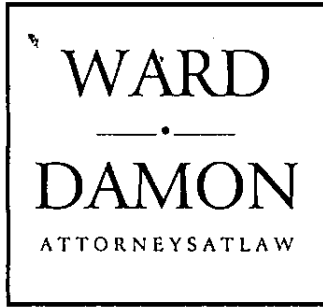
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2016 JUN - 8 P 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 09 2016



4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407  
Tel: (561) 842-3000  
Fax: (561) 842-3626  
[www.warddamon.com](http://www.warddamon.com)

*Adam R. Seligman, Esquire*  
[ASeligman@warddamon.com](mailto:ASeligman@warddamon.com)

June 6, 2016

Via Federal Express  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Statement of Authority filing for 7 entities

Dear Sir/Madam:

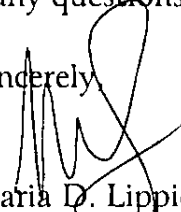
Enclosed please find the following Statement of Authority to be filed:

1. 5777 Strawberry Lakes Circle LLC;
2. 6142 Westfall Road LLC;
3. 4103 Ponza Place LLC;
4. 3570 Woods Walk Blvd LLC
5. BGM5 LLC;
6. BGM3 LLC;
7. BGM1 LLC

Also, enclosed is our firm's check in the amount of \$175.00 to cover the filing fee for the seven (7) Statement of Authority.

Please return a copy of the filed documents in the envelope provided herein. Please feel free to contact our office with any questions.

Sincerely,

  
Maria D. Lippiello  
Legal Assistant to Adam R. Seligman, Esq.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5777 STRAWBERRY LAKES CIRCLE 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:

**ADAM R. SELIGMAN, ESQ.**

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

**WARD DAMON, PL**

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

**4420 BEACON CIRCLE**

\_\_\_\_\_  
Address

**WEST PALM BEACH, FLORIDA 33407**

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

**ASELIGMAN@WARD DAMON.COM**

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

For further information concerning this matter, please call:

**ADAM R. SELIGMAN, ESQ.** at ( **561** ) **842-3000**  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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: 5777 STRAWBERRY LAKES CIRCLE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000036152

**THIRD:** The street address of the limited liability company's principal office is:  
28/43 MOSHE DAYAN STREET  
YEHUD, ISRAEL 56460

The mailing address of the limited liability company's principal office is:  
28/43 MOSHE DAYAN STREET  
YEHUD, ISRAEL 56460

**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: Adam R. Seligman

b. No authority granted to: No limitations

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

a. Granted to: Adam R. Seligman

b. No authority granted to: No limitations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JAN - 8 P 3:49

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[Signature]  
Signature of authorized representative

Gad Magazanic  
Typed or printed name of signature

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