## 107000005923

(Requ	uestor's Name)				
(Addı	ress)				
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(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

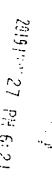
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R. WHITE
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: BMI PROPERTIES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

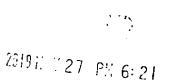
ROBERT H. BERNTSSON
Name of Manager
BMI PROPERTIES, LLC
Name of Company
3195 S. Access Rd
Address of Company
Englewood, FL 34224
City/State and Zip Code
rberntsson@bigwlaw.com
E-mail Address of Manager

For further information concerning this matter, please call:

Alison Marsicovetere at 941-627-1000

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 This instrument Prepared By and Return To: WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM John L. Wideikis, Esq. 3195 S. Access Road Englewood, FL 34224



## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida	Statutes, this limited	liability company submit	s the following statement
of authority on this 19th day of	Novembr		ne shall be effective for a
period of five (5) years from the da	ite of this Statement u	nless sooner terminated:	as so permitted by law:

FIRST: The name of the limited liability company is: BMI PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000005923

THIRD: The street address of the limited liability company's principal office is: 3195 S. Access Rd, Englewood, FL 34224

The mailing address of the limited liability company's principal office is: 3195 S. Access Rd, Englewood, FL 34224

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 matters enumerated below:

- May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
  - a. Granted to: **ROBERT H. BERNTSSON**, as Manager, and **MIKO P. GUNDERSON**, as Manager, and **SCOTT D. ITTERSAGEN**, as Manager, any of whom may bind the Company unilaterally without the joinder of any other.
  - b. No authority granted to:
- 2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
  - a. Granted to: ROBERT H. BERNTSSON, as Manager, and MIKO P. GUNDERSON, as Manager, and SCOTT D. ITTERSAGEN, as Manager, any of whom may bind the Company unilaterally without the joinder of any other.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein. ROBERT H. BERNTSSON, as Manager Signature of authorized representative Printed name and position title STATE OF FLORIDA **COUNTY OF CHARLOTTE** The foregoing instrument was acknowledged before me this 17 day of November , 2019, by ROBERT H. BERNTSSON, as Manager of BMI PROPERTIES, LLC, a Florida limited liability company day of November, 2019, by who is personally known to me or who has produced as identification and who did take an oath. Notary Public, State of ALISON MARSICOVETERE My Commission Expires: Commission # GG 116612 (Seal) Expires June 19, 2021 Bonded Thru Troy Fain Insurance 800-385-7019