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(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Au	uicss			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SECRETY OF STATE

6/16/05

COVER LETTER ..

TO:	Registration Section Division of Corporations			
eun ie	WIGDER INVESTMENT GR	OUP, LLC	·	
SUBJE		mited Liability Comp	any	
Dear Si	r or Madam:			-
The end	closed Statement of Authority and fee(s) are	submitted for filing.		
Please r	return all correspondence concerning this ma	atter to the following:		
Marc	Wigder			
	Name of Person			
WIGE	DER INVESTMENT GROUP, LLC	;		SECT SECT
	Firm/Company			
5301	N. FEDERAL HWY., SUITE 220			
	Address			
ВОС	A RATON, FL 33487			
	City/State and Zip Code			>
Marc	@greenhouseoffices.net			
	E-mail address: (to be used for future annu	ual report notification))	
For furt	her information concerning this matter, plea	se call:		
Marc	Wigder	561	674-0001	
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	Registration	G ADDRESS: on Section of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Stauthority:	• • •	_			
FIRST: The name of the limited liability of	company is: WIGDER INVESTME	NT GROUP, LLC			
SECOND: The Florida Document Number of the limited liability company is: L10000068533					
THIRD: The street address of the limited 5301 N. FEDERAL HWY.	liability company's principal office is:				
BOCA RATON, FL 33487		ALLAHA			
The mailing address of the limit 5301 N. FEDERAL HWY.	ed liability company's principal office is:				
BOCA RATON, FL 33487	7				
	ansferring real property held in the name D. WIGDER, MEMBER	of the company.			
b. No authority granted	1 to:				
		·			
2. May enter into other transact a. Granted to: MAR	ions on behalf of, or otherwise act for or ICD. WIGDER, MEMBER	oind, the company.			
b. No authority granted	l to:				
il.	MARC D	. WIGDER			
Signature of authorized representative	Typed or p Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	orinted name of signature			

CR2E138 (2/14)