

L11 000112154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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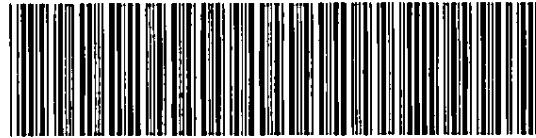
(Business Entity Name)

(Document Number)

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LARRY L. ADAIR, P. A.

ATTORNEY AT LAW

9715 West Broward Boulevard

Suite Number 303

Plantation, Florida 333324

e-mail address: larry@lladairlaw.com

LARRY L. ADAIR
MEMBER FLORIDA AND TEXAS BAR

(954) 800-3266
FAX: (954) 827-7922

Via Federal Express

December 8, 2012

Florida Department of State
Division of Corporations
Registration Section
The Centre of Tallahassee
2415 North Monroe Street
Suite 810
Tallahassee, Florida 32303

Re: **Company** : **BOS Warehouse Group, LLC**
 Document # : **L11000112154**
 Filing : **Statement Of Authority**

Gentlemen:

We enclose in connection with the above-referenced Florida limited liability companies the following:

1. **COVER LETTER** to Registration Section - Division Of Corporations;
2. **ORIGINAL** duly executed - **STATEMENT OF AUTHORITY**;
3. Our **TRUST ACCOUNT** Check dated this date payable to the Honorable Secretary Of State - Florida, in the amount of **TWENTY-FIVE AND NO/100 (\$25.00) DOLLARS USD** representing the required **FILING FEE** for the enclosed Statement of Authority;
4. Our **TRUST ACCOUNT** Check dated this date payable to the Honorable Secretary Of State - Florida, in the amount of **THIRTY AND NO/100 (\$30.00) DOLLARS USD** representing the required **CERTIFICATION FEE** for the enclosed Statement of Authority; and
5. **RETURN FEDERAL EXPRESS AIRBILL** for your convenience in returning the **CERTIFIED COPY** of the enclosed Statement Of Authority.

Again, please return all correspondence concerning this matter to the following:

LARRY L. ADAIR, ESQUIRE
9715 West Broward Boulevard
Suite Number 303
Plantation, Florida 33324

larry@lladairlaw.com

LARRY L. ADAIR
ATTORNEY AT LAW

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Note: For further information regarding this matter, please call:

Larry L. Adair, Esq. (954) 600-3266

Thanking you for your kind attention in this regard, we remain

Very truly yours,

Larry L. Adair, Esq.

LLA:ch
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOS WAREHOUSE GROUP, 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:

LARRY L. ADAIR, ESQUIRE

Name of Person

LARRY L. ADAIR, P. A.

Firm/Company

9715 WEST BROWARD BOULEVARD SUITE # 303

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

larry@lladairlaw.com

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

For further information concerning this matter, please call:

LARRY L. ADAIR, ESQ. 954 600-3266
Name of Person at (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: BOS WAREHOUSE GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000112154

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

17301 BISCAYNE BOULEVARD

NORTH TOWER, UNIT # 910

AVENTURA, FLORIDA 33160

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

17301 BISCAYNE BOULEVARD

NORTH TOWER, UNIT # 910

AVENTURA, FLORIDA 33160

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: LARRY L. ADAIR, ESQUIRE

b. No authority granted to: _____

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

a. Granted to: LARRY L. ADAIR, ESQUIRE

b. No authority granted to: _____

M Kazancioglu
Signature of authorized representative

Mehmet Levent Kazancioglu

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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