

L12 0000 65225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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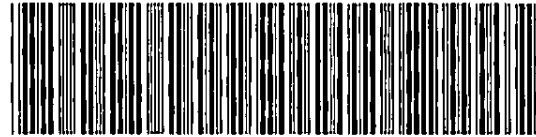
(Business Entity Name)

(Document Number)

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K. SALY
OCT 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMJCS, 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:

Edward L. Blume, Esq.

Name of Person

Blume Partners LLC

Firm/Company

166 E. Levering Mill Road

Address

Bala Cynwyd, PA 19004

City/State and Zip Code

eddie@blumepartners.com

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

For further information concerning this matter, please call:

Edward Blume

Name of Person

at (215) 205-4780

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: BMJCS, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000065225

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

5555 Tamiami Trail North, Suite 921

Naples, FL 34108

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

5555 Tamiami Trail North, Suite 921

Naples, FL 34108

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: _____

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: Benjamin Kendall, Member (see attached)

b. No authority granted to: _____



Signature of authorized representative

Daniel Govberg

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Benjamin Kendall, a Member of BMJCS, LLC is authorized, pursuant to this Statement of Authority, to execute such documents, and take such other actions, as are necessary to purchase assets of Les Bijoux Naples, LLC., a Florida Limited Liability Company and operate a watch boutique store including, without limitation, executing the Purchase Agreement, Lease (or assignment of existing lease), Boutique Agreement and related documents.

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