L12000153357

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NORETARY OF STATE
LILLAHASSEE, FLORIDA

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COVER LETTER

Div	vision of Corporations		
SUBJECT:	BGM1 LLC		
502011		ited Liability Comp	pany
Dear Sir or I	Madam:		
The enclosed	d Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	n all correspondence concerning this matte	er to the following:	
ADAM R	. SELIGMAN, ESQ.		
	Name of Person		
WARD D	AMON, PL		
	Firm/Company		
4420 BE	ACON CIRCLE		
	Address		
WEST P	ALM BEACH, FLORIDA 33407		
	City/State and Zip Code		
ASELIGN	MAN@WARDDAMON.COM		
E-r	mail address: (to be used for future annual	report notification)
For further is	nformation concerning this matter, please	call:	
ADAM R	. SELIGMAN, ESQ.	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
Reg Div Clir 266	REET/COURIER ADDRESS: gistration Section vision of Corporations flon Building 11 Executive Center Circle lahassee, Florida 32301	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the followi authority:	ng stateme	nt of
FIRST: The name of the limited liability company is: BGM1 LLC		
SECOND: The Florida Document Number of the limited liability company is: L12000152357	,	
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 position of a person in a company, whether as a member, transferee, manager, officer or otherwise operson on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Adam R. Seligman	or to a spec	
b. No authority granted to: No limitations	132	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the companies of the compan	any. &	FILE
b. No authority granted to: No limitations	3 49	
Gad Magazanic	0	
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	