

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BH SOUTH ISLAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BH SOUTH ISLAND, 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:

JOANNA PLESSIS

Name of Person

SERBER & ASSOCIATES, P.A.

Firm/Company

2875 N.E. 191ST STREET SUITE 801

Address

AVENTURA, FL 33180

City/State and Zip Code

INFO@SERBERLAWFIRM.COM

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

For further information concerning this matter, please call:

JOANNA PLESSIS

Name of Person

305

Area Code

932-6262

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: BH SOUTH ISLAND, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000018300

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

2875 N.E. 191ST STREET SUITE 801

AVENTURA, FL 33180

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

2875 N.E. 191ST STREET SUITE 801

AVENTURA, FL 33180

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: MARC SCHMULIAN

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: MARC SCHMULIAN

b. No authority granted to: _____


Signature of authorized representative

Jacques C. Stivelman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

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STATE OF FLORIDA
MAR 2 2015

15 MAR -2 AM 9:28

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