## Florida Department of State

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To:

Division of Corporations

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: (305)932~6262

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BH 98, LLC**

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## COVER LETTER

TO: Registration Section Division of Corporations BH 98, 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, FLORIDA 33180** City/State and Zip Code JPLESSIS@SERBERLAWFIRM,COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

STREET/COURIER ADDRESS:

Name of Person

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

932-6262

Daytime Telephone Number

CR2E138 (2/14)

JOANNA PLESSIS

## STATEMENT OF AUTHORITY

300 00 00 00 00 00 00 00 00 00 00 00 00	
IRST: The name of the limited liability company is: BH 98, LLC	
ECOND: The Florida Document Number of the limited liability company is: L13000018312	
FHIRD: The street address of the limited liability company's principal office is:	2013 TIME LARGE E. FLORICE
2875 N.E. 191ST STREET SUITE 801	
AVENTURA, FL 33180	707 3
	3554H4515
The mailing address of the limited liability company's principal office is:	36.04
2875 N.E. 191ST STREET SUITE 801	202
AVENTURA, FL 33180	18. C
7.7.0.1.0.1.0.1.0.0.0.0.0.0.0.0.0.0.0.0.	ಗ್ರಹ
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 Schmullan	
b. No authority granted to:	
History Commence of the commen	
Jacques C. Stivelman  Ignature of authorized representative  Typed or printed name of signature	ure