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J SHIVERS



•	Υ	COVER LETTER	
	Registration Section Division of Corporations	* 2 E	° 4 × 3 × ⁵ d
SUBJEC'	BGM2 LLC		
202020		f Limited Liability Com	pany
Dear Sir c	or Madam:		
The enclo	sed Statement of Authority and fee(s)	are submitted for filing.	
Please ret	urn all correspondence concerning this	s matter to the following	:
ADAM	R. SELIGMAN, ESQ.		
	Name of Person		
WARD	DAMON		
	Firm/Company		
4420 B	EACON CIRCLE		`\
	Address		ļ
WEST	PALM BEACH, FLORIDA 33	407	
	City/State and Zip Code		
ASELIC	GMAN@WARDDAMON.CON	Л	
F	E-mail address: (to be used for future a	annual report notification	n)
For furthe	r information concerning this matter, p	please call:	
ADAM	R. SELIGMAN, ESQ/	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
R	TREET/COURIER ADDRESS: egistration Section	Registrati	G ADDRESS: ion Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

authority:		liability company submits the follow	wing statement of
FIRST: The name of the li	imited liability company is: BGN	12 LLC	
SECOND: The Florida Do	ocument Number of the limited lia	bility company is: L1300005715	51
	s of the limited liability company's	s principal office is:	
YEHUD, ISRA	AEL 56460		-
-	ress of the limited liability compar	ny's principal office is:	-
YEHUD, ISRA	XEL 56460	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-
position of a person in a corperson on the following: 1. May execute a	mpany, whether as a member, tran	ons of authority on all persons having sferee, manager, officer or otherwise perty held in the name of the company	ny.
b. No at	uthority granted to: No limitation	pns	SES AN
	o other transactions on behalf of, of ted to:	or otherwise act for or bind, the com	PANY SONON
b. No at	uthority granted to: No limitation	ons	- - -
2 14		Gad Magazanic	
Signarure of authorized repr	Filing Fee:	Typed or printed name of \$25.00 \$30.00 (optional)	of signature

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