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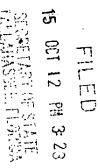
(F	Requestor's Name)			
· · · · · · · · · · · · · · · · · · ·	Address)			
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(E	Business Entity Name)			
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S. YJUNG

COVER LETTER

··	
TO: Registration Section Division of Corporations	1. •
B Wise Development, LLC.	
Name of Limited Liability Com	pany
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	:
Scott Leon	
Name of Person	•
Entrust Property Management	
Firm/Company	•
10097 Cleary Blvd., Suite 267	
Address	
Plantation, FL 33324	Fig. 3
City/State and Zip Code	
scott@entrustpm.com	
E-mail address: (to be used for future annual report notification	n) ~ []
For further information concerning this matter, please call:	
Scott Leon 305	ຸ439-8800 ^{໘໘}
Name of Person 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

authority	<i>7</i> : ' '	005.0302(1), Florida Statutes, this limited liability company submits the	-	
FIRST:	The name of	of the limited liability company is: B Wise Development, LLC	<u>. </u>	_
SECON	D: The Flo	rida Document Number of the limited liability company is:	1402	_
THIRD		address of the limited liability company's principal office is: eary Blvd., Suite 267, Plantation, FL 33324		
		ng address of the limited liability company's principal office is: leary Blvd., Suite 267, Plantation, FL 33324		
position	of a person n the follow	stement of authority grants or sets limitations of authority on all perso in a company, whether as a member, transferee, manager, officer or oring:	therwise or to a specific	
	a.	Granted to:		17
	b.	No authority granted to:		T
	2. May e	onter into other transactions on behalf of, or otherwise act for or bind, Granted to: Scott Leon	the company:	٠
	b.	No authority granted to:		
1	A	Scott Leon		
Signatur	e of authori:	Typed or printe Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	d name of signature	

CR2E138 (2/14)