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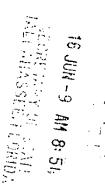
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information concerning this matter, please call	1:	
mail address: (to be used for future annual rep	ort notification)
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City/State and Zip Code		
a, FL 34243		
Address		,
untry Lakes Drive		
Firm/Company		
/ Firm, PA		
Name of Person		
Pike, Esq.		
n all correspondence concerning this matter to	the following:	
d Statement of Authority and fee(s) are submi	_	
Madam:		
Name of Limited	Liability Comp	pany
BA REAL INVESTMENTS LLC		·
vision of Corporations		
visi E	•	ion of Corporations

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

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

STATEMENT OF AUTHORITY

authority		ng statement o	
FIRST:	The name of the limited liability company is: BA REAL INVESTMENTS LLC		
SECON	D: The Florida Document Number of the limited liability company is: L13000092823		
	The street address of the limited liability company's principal office is: 3647 Emily Lane		
	Sarasota, FL 34238		
	The mailing address of the limited liability company's principal office is: 3647 Emily Lane		
	Sarasota, FL 34238		
position	 H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: 	or to a speciffs	
	b. No authority granted to: Michael Moyal		
	May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to:		
	b. No authority granted to: Michael Moyal		
	Keren Mizrahi		
Signatur	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	

CR2E138 (2/14)