

OCT-29-2018 MON 01:25 PM

FAX NO. 5618423626

P.001

Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000312038 3)))



H180003120383ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6333

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561) 842-3000
Fax Number : (561) 842-3626

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

Email Address:

gseligman@warddamon.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BGM5 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K SAI Y
OCT 30 2018

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: BGM5 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000067155

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

Hakfar 11st

Apt. 54

Kiryat Ono 55525 IL

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

Hakfar 11st

Apt. 54

Kiryat Ono 55525 IL

FILED
18 OCT 29 PM 2:05
STATE OF FLORIDA
TALLAHASSEE

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.

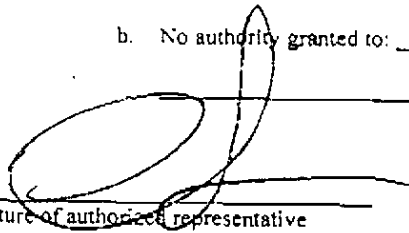
a. Granted to: Nira Plotnizky

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: Nira Plotnizky

b. No authority granted to: _____


Signature of authorized representative

Adam R. Seligman, Esq.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)