

LI40000 67652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

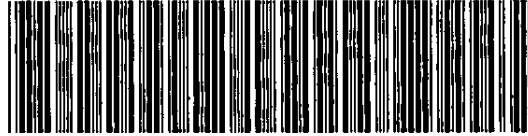
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



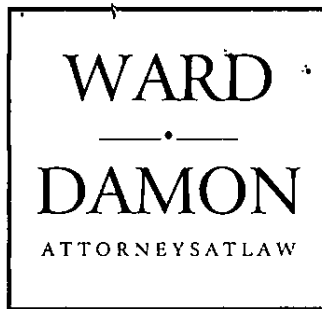
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16 APR 15 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016

J SHIVERS



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

Adam R. Seligman, Esquire
ASeligman@warddamon.com

April 14, 2016

Via Federal Express
Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Statement of Authority

Dear Sir/Madam:

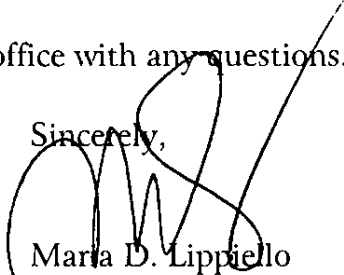
Enclosed please find the following documents for filing:

1. Statement of Authority for BGM2 LLC
2. Statement of Authority for BGM4 LLC

Also, enclosed please find our checks in the amount of \$25.00, which represents the filing fee for each Statement of Authority.

Please feel free to contact our office with any questions.

Sincerely,



Maria D. Lippiello

Legal Assistant to Adam R. Seligman, Esq.

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BGM4 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:

ADAM R. SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FLORIDA 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM R. SELIGMAN, ESQ/

Name of Person

at (

561

_____)
Area Code

842-3000

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

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: BGM4 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000067652

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

28/43 MOSHE DAYAN STREET

YEHUD, ISRAEL 56460

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

28/43 MOSHE DAYAN STREET

YEHUD, ISRAEL 56460

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: Adam R. Seligman

b. No authority granted to: No limitations

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: Adam R. Seligman

b. No authority granted to: No limitations

ye men
Signature of authorized representative

Gad Magazanic

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA