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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

Registration Section

TO:

Div	ision of Corporations		
SUBJECT:	BE Property Group LLC		
SOBJECT.	Name of Limite	d Liability Con	npany
Dear Sir or M	Madam:		
The enclosed	d Statement of Authority and fee(s) are sub-	nitted for filing	:
Please return	all correspondence concerning this matter	to the following	g:
Kevin Emer	y		
	Name of Person		-
	Firm/Company		_
PO Box 815	106		_
	Address		_
Hollywood,	FL 33081		
	City/State and Zip Code		-
kevin.emery	@gmail.com		
E-n	nail address: (to be used for future annual re	port notificatio	<u>n)</u>
For turther in	nformation concerning this matter, please ca	H:	
Kevin Emery		954 t (803-6364
	Name of Person	Area Code	Daytime Telephone Number
	illing Address:		Street Address:
	gistration Section vision of Corporations		Registration Section Division of Corporations
). Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liabil authority:	-	
FIRST: The name of the limited liability company is: BE Property	y Group LLC	
SECOND: The Florida Document Number of the limited liability	company is:	
THIRD: The street address of the limited liability company's prince 2201 NE 48 Street	cipal office is:	2020
Lighthouse Point, FL 33064	Re CAR	ا الا الا
The mailing address of the limited liability company's pr	rincipal office is:	0 E 7
Hollywood, FL 33081		-
May execute an instrument transferring real property b a. Granted to: Kevin Emery or Rose Brill, only		
b. No authority granted to:		
May enter into other transactions on behalf of, or other a. Granted to: Kevin Emery or Rose Brill, only	, ,	
b. No authority granted to:		
R	Kevin Emery, Manager	
Signature of authorized representative Filing Fee: \$25.0 Certified Copy: \$30.0		