L15000125125

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: BM1 PROPERTIES LCC Name of Limited Liability Company		
Name of Emined Elaonity 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:		
TONY BOUASSI Name of Person		
BM1 Properties LLC Firm/Company		
Firm/Company		
8004 NW 134 ST SHITE 354		
Address		
MiARIIA TES FL 33016 City/State and Zip Code		
Prostarholdivo @ smail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (786) 499 9806 Area Code Daytime Telephone Number		
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		

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority:
FIRST: The name of the limited liability company is: BM1 PROPERTIES LLC
SECOND: The Florida Document Number of the limited liability company is: <u>L15000125125</u>
THIRD: The street address of the limited liability company's principal office is:
8004 NW 154 ST Svite 354
Migmi LAKES FL 33016
The mailing address of the limited liability company's principal office is:
8004 NW 154 ST SUITE 334
MIAMILAMES PL 33016
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:
 May execute an instrument transferring real property held in the name of the company.
a. Granted to: Nohemy DIAZ
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: Nohemy Di'AZ
b. No authority granted to:
1
TONY BOUGES!
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)