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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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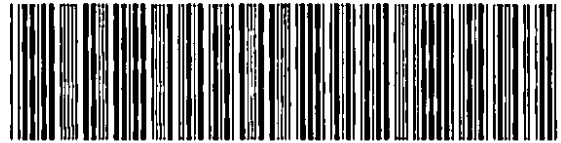
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 MAY 28 PM 4:44

Statement
of
Authority

JUN 18 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BG WOODWIND LLC, a Florida limited liability company**
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

THOMAS J. TOUCHETT and SUSAN M. TOUCHETT

Name of Manager

BG WOODWIND LLC, a Florida limited liability company

Name of Company

4675 N. Pine Meadows Lane

Address of Company

Heartland, WI 53029

City/State and Zip Code

ttouchett@bmgmail.com

E-mail Address of Manager

For further information concerning this matter, please call:

Peggy Lee at 941-964-1223

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 29 PM 4:41

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC
Robert C. Benedict, Esq.
333 Park Avenue, Unit 2A, PO Box 483
Boca Grande, FL 33921

SECRETARY OF STATE
19 MAY 29 PM 4:44

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 16th day of May, 2019, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **BG WOODWIND LLC, a Florida limited liability company**

SECOND: The Florida Document Number of the limited liability company is: **L16000079626**

THIRD: The street address of the limited liability company's principal office is: **4675 N. Pine Meadows Lane, Heartland, WI 53029**

The mailing address of the limited liability company's principal office is: **4675 N. Pine Meadows Lane, Heartland, WI 53029**

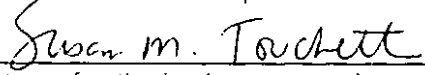
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: **THOMAS J. TOUCHETT**, as Manager.
 - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: **THOMAS J. TOUCHETT**, as Manager.
 - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.



Signature of authorized representative



Signature of authorized representative

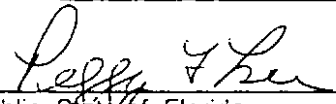
THOMAS J. TOUCHETT, as Manager
Printed name and position title

SUSAN M. TOUCHETT, as Manager
Printed name and position title

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 16th day of May, 2019, by THOMAS J. TOUCHETT and SUSAN M. TOUCHETT, as Managers of BG WOODWIND LLC, a Florida limited liability company, who are personally known to me or who have produced driver's licenses as identification and who did take an oath.



Notary Public, State of Florida
My Commission Expires:
(Seal)

