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TALLAHASSEE, FLORIDA

D. SCOTT

MAR 6 2017

Statement of
Authority

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bekhor Properties, 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:

Sonja Nguyen

Name of Person

Bekhor Properties, LLC

Firm/Company

4414 N. Lois Avenue

Address

Tampa, FL 33614

City/State and Zip Code

info@bekhorproperties.com

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

For further information concerning this matter, please call:

Jennifer Fisher, Esq.

239

334-1260

at

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Bekhor Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000199701

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

4414 N. Lois Avenue

Tampa, FL 33614

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

P.O. Box 272823

Tampa, FL 33688

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.

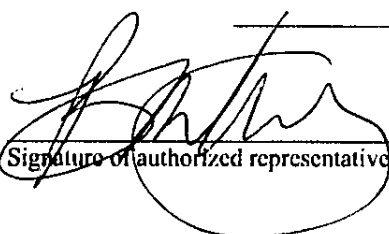
a. Granted to: Binh Nguyen

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: Binh Nguyen

b. No authority granted to: _____


Signature of authorized representative

Binh Nguyen
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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