

L21000260263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

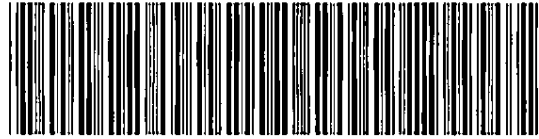
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/17/2022

Name: Merritt Walker

Reference #: 1809937

Entity Name: BGV FINANCIAL ADVISORS USA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other STATEMENT OF AUTHORITY

CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: mw

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BGV FINANCIAL ADVISORS USA, 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:

Roberto Aleman

Name of Person

BGV Financial Advisors USA, LLC

Firm/Company

201 S Biscayne Blvd Suite 1130

Address

Miami, FL 33132

City/State and Zip Code

raleman@bgvsecurities.com

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

For further information concerning this matter, please call:

Roberto Aleman 305 548-0181
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BGV FINANCIAL ADVISORS USA, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000260263

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

201 South Biscayne Blvd.

Suite 1130

Miami, FL 33132

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

201 South Biscayne Blvd.

Suite 1130

Miami, FL 33132

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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: Roberto Aleman, in his capacity as President of the company.

b. No authority granted to: Enter into any transaction the value of which exceeds \$50,000 in the absense of separate board authorization.

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

a. Granted to: Roberto Aleman, in his capacity as President of the company.

b. No authority granted to: Enter into any transaction the value of which exceeds \$50,000 in the absense of a separate board authorization



Signature of authorized representative

Roberto Aleman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)