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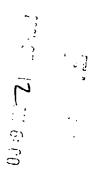
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COVER LETTER

TO: Registration Section Division of Corporations		
Orlando Investment Properties, LLC SUBJECT:		
Name of Limited	d Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are subn	nitted for filing.	
Please return all correspondence concerning this matter	to the following	:
Holly L. Collins		
Name of Person		-
Nelson Mullins Riley & Scarborough		
Firm/Company		-
390 N Orange Ave Ste 1400		
Address		-
Orlando, Fl. 32801		
City/State and Zip Code		-
holly.collins@nelsonmullins.com		
E-mail address: (to be used for future annual re	eport notificatio	n)
For further information concerning this matter, please co	all;	
Holly L. Collins	407 It (669 -4200
Name of Person	Area Code	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

STATEMENT OF AUTHORITY

authority:				pility company submits the follo	nwing statement of
FIRST:	The name of th	e limited liability	company is: Orlando 1	nvestment Properties, LLC	
SECONI): The Florida	Document Numbe	er of the limited liabilit	y company is: 1.09000062234	
		ress of the limited Ave, Suite 1400	liability company's pr	incipal office is:	_
-	Orlando, FL 32	2801			_
-	_	address of the limit Ave, Suite 1400	ted liability company's	principal office is:	· · · · · · · · · · · · · · · · · · ·
	Orlando, FL 32	2801			<u>'</u>
position of person or	of a person in a the following: I. May execu a. G	company, whether	r as a member, transfer ransferring real propert d Brown, H	of authority on all persons having ee, manager, officer or otherwise, manager, officer or otherwise, which is the name of the company of the	se or to a specific
	b. N	o authority granted	d to:		_
;	a. G	into other transac ranted to : C. Day Iolly L. Collins		therwise act for or bind, the cor	— npany. —
	b. N	o authority granted	d to:		_
Ho	ely Cox	Uno		Holly L. Collins	
Signature	of authorized	representative	Filing Fee: \$2 Certified Copy: \$3	Typed or printed name 25.00 (optional)	e of signature

CR2E138 (2/14)