

L12000048899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2015 AUG 12 AM 10:48

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N. Culligan AUG 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LO INVESTMENT GROUP, 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:

Lehn E. Abrams

Name of Person

Arnold, Matheny & Eagan, PA

Firm/Company

605 E. Robinson Street, Suite #730

Address

Orlando, FL 32801

City/State and Zip Code

labrams@ameorl.com

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

For further information concerning this matter, please call:

Lehn E. Abrams

Name of Person

at (407)

Area Code

841-1550

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

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: LO INVESTMENT GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000048899

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

7132 Blue Indigo Crescent

Winter Garden, FL 34787

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

7132 Blue Indigo Crescent

Winter Garden, FL 34787

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: Sam Lo, Manager or Allen Lo, Manager

b. No authority granted to: _____

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

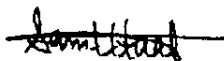
a. Granted to: Sam Lo, Manager or Allen Lo, Manager

b. No authority granted to: _____

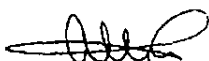
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature of authorized representative



Sam Lo and Allen Lo

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)