

L12000099148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

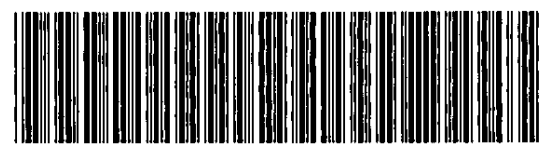
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L12000088148
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:

Andrea Borell
Name of Person

Law Offices of Alexander E Borell
Firm/Company

324 Datura St. #209
Address

West Palm Beach, FL 33401
City/State and Zip Code

andrea@borelllaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Borell at (561) 766-1452
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

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: Investment Lawyers LLC

SECOND: The Florida Document Number of the limited liability company is: L12000088148

THIRD: The street address of the limited liability company's principal office is:
8004 NW 154 Street
Suite 438
Miami Lakes, FL 33016

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

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: Liza Lopez

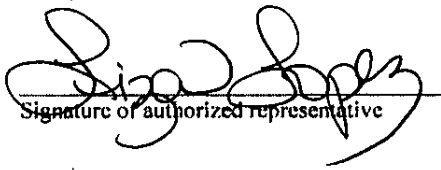
b. No authority granted to: n/a

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

a. Granted to: Liza Lopez

b. No authority granted to: n/a

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TALLAHASSEE, FLORIDA


Signature of authorized representative

Liza Lopez
Typed or printed name of signature

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