L14000 11455P

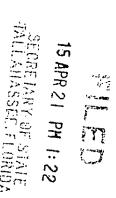
(Requ	estor's Name)	·
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& Statement APR 29 700

COVER LETTER

	<u>.</u> .
李章文	
Liability Com	pany
tted for filing.	
the following	:
	•
ort notification	1)
:	
727	458-2323
Area Code	Daytime Telephone Number
	ort notification

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

authority:	605.0302(1), Florida Statutes, this l	-		_	nt of
FIRST: The name	of the limited liability company is:	FCG Inve	estment Group LLC		
SECOND: The Flo	orida Document Number of the limi	ted liability comp	any is: L14000114	226	
THIRD: The street 6045 Co	t address of the limited liability com	npany's principal o	office is:		
Fort My	ers, FL 33908			-	
The mail Gary W	ing address of the limited liability c	ompany's princip	al office is:	-	
6045 Cd	ocos Dr			_	
Fort My	ers FL 33908			-	
l. Maye a.	xecute an instrument transferring re Granted to:	al property held in	·		
b.	No authority granted to:		1	APR 21 PM	process process
2. May c a.	enter into other transactions on beha Granted to:			5	full of the
ъ.	No authority granted to:				
Jans nu	Bah		Gary W Baker	-	
Signature of authori	zed representative Filing Fee	- :: \$25.00 Copy: \$30.00 (or	Typed or printed name o	f signature	-