

L16 000062804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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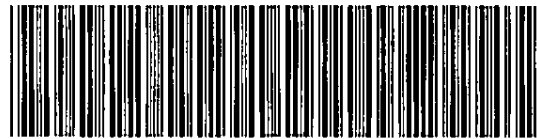
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

L&P INTERNATIONAL GROUP, LLC

SUBJECT: _____
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:

Michael G. Candiotti, Esquire

Name of Person
Latham, Luna, Eden & Beaudine, LLP

Firm/Company
111 N. Magnolia Avenue, Suite 1400

Address
Orlando, Florida 32801

City/State and Zip Code
mcandiotti@lathamluna.com

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

For further information concerning this matter, please call:

Michael Candiotti 407 481-5800

Name of Person at (_____) _____
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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

L&P International Group, LLC

FIRST: The name of the limited liability company is: _____

600284025546

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

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

5036 Dr. Phillips Blvd., #310

Orlando, Florida 32819

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

5036 Dr. Phillips Blvd., #310

Orlando, Florida 32819

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.
Lucia Camara, as Manager

a. Granted to: _____

b. No authority granted to: _____

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

a. Granted to: _____

b. No authority granted to: _____

DocuSigned by:

Lucia Camara/10/2020

EAGAE6C3AE5E473

Signature of authorized representative

Lucia Camara

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL