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(Address)		
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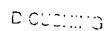


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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ancillary Pathways, Name of Limited Liability Company	LLC
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:	
ENMA SAIZ, M.D.  Name of Person  Ancillary Pathways, LLC  Firm/Company  6460 SW 111th DR.  Address	
PINECREST FL 33156	
City/State and Zip Code	22
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	y -1
For further information concerning this matter, please call:	
ENMA SAIZ at 786 266-5726  Name of Person Area Code Daytime Telephone Number	
Traine of Ferbon The Code Suffine Telephone Painton	

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

CR2E138 (2/14)

## 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: Ancillary Tathways, LL
SECOND: The Florida Document Number of the limited liability company is: <u>L05000106</u> 877
THIRD: The street address of the limited liability company's principal office is:  7000 Sw 62nd Ave
Suite 601
Miami, FL 33 143
The mailing address of the limited liability company's principal office is:
P.O. Box 43-0180
South Miami FC
33243
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:
b. No authority granted to: make a transfer of any interest
in this LLC, which is expressly made Subject to the terms and conditions of a 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: on April 2
on right 2
b. No authority granted to: Make a transfer of any
suproct in this 110 which is
expressly made subject to the terms
ENMA SALE of
Signature of authorized representative  Filing Fee: \$25.00  Typed or printed name of signature  CMS
Certified Copy: \$30.00 (optional) Signed
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