

LD5000 106877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000343250350

04/24/20--01019--012 ♦♦25.00

FILED
APR 24 2020
CLERK OF COURT
JUDICIAL DISTRICT
OF ALABAMA
BIRMINGHAM

Statement
of
Authority

D. CUCHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ancillary Pathways, 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:

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

YAZIJI@MAC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENMA SAIZ at (786) 266-5726
Name of Person 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

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 Pathways, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000106877

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

7000 SW 62nd Ave
Suite 601
Miami, FL 33143

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

P.O. Box 43-0180
South Miami, FL
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: _____

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


Signature of authorized representative

ENMA SAIZ
Typed or printed name of signature

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

CMSCA signed
on April 20,
2020
Signed on
April 20,
2020