

LOG 0000 27583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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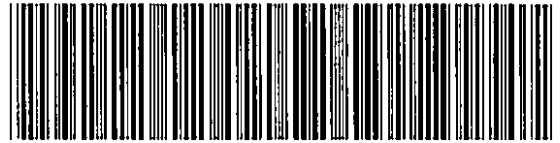
(Business Entity Name)

(Document Number)

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Statement  
of  
Authority

DOCUMENT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vitro Molecular Laboratories, 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

Vitro Molecular Laboratories, LLC  
Firm/Company

6460 SW 111<sup>th</sup> 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: Vitro Molecular Laboratories, LLC

SECOND: The Florida Document Number of the limited liability company is: L060000027583

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

8700 W. Flagler St.  
Suite 100  
Miami, FL 33174

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

P.O. Box 43-2160  
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: \_\_\_\_\_

CMSA signed  
on April  
20, 2020

- 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)

CMSA  
Signed  
on April  
20, 2020