

L13000063991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

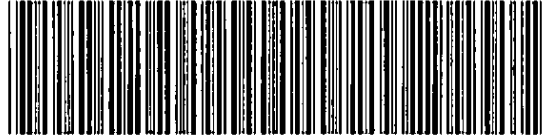
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FEB 20 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITI PHARMACEUTICALS, 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:

ROY M. HARTMAN, ESQ.

Name of Person

SACHER, ZELMAN, HARTMAN, P.A.

Firm/Company

9130 S. DADELAND BLVD, SUITE 2000

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

RHARTMAN@SACHERZELMAN.COM

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

For further information concerning this matter, please call:

ROY M. HARTMAN, ESQ.

305
at ()

371-8797

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: VITI PHARMACEUTICALS, LLC.

SECOND: The Florida Document Number of the limited liability company is: L13000063991

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

7105 SW 47TH STREET

408

MIAMI, FLORIDA 33155

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

7105 SW 47TH STREET

408

MIAMI, FLORIDA 33155

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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.

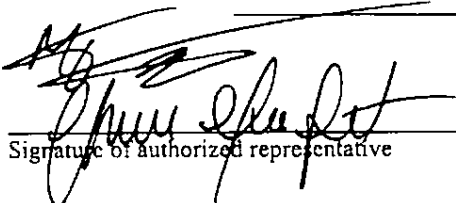
a. Granted to: Michael J. Forrest, Christine M. Forrest, either one

b. No authority granted to: _____

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

a. Granted to: Michael J. Forrest, Christine M. Forrest, either one

b. No authority granted to: _____


Signature of authorized representative

Michael J. Forrest/Christine M. Forrest

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)