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D. SCOTT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>LABO M5 LLC</u>	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Sarah Barbaccia	
Name of Person	
Sarah Barbaccia, P.A.	
Firm/Company	
942 SW 93 Terrace	
Address	
Plantation, FL 33324	
City/State and Zip Code	
sbarbaccia@barbaccialaw.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, plea	ase call:
Sarah Barbaccia	at (_954) 748-4890
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS:	MAHLING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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: <u>LABO M5 LLC</u> SECOND: The Florida Document Number of the limited liability company is: L13000074876 **THIRD:** The street address of the limited liability company's principal office is: 805 N. ANDREWS AVENUE FT. LAUDERDALE, FL 33311 The mailing address of the limited liability company's principal office is: 805 N. ANDREWS AVENUE FT. LAUDERDALE, FL 33311 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, transferce, 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: Sarah Barbaccia, Esq. b. No authority granted to:

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

a. Granted to: Sarah Barbaccia, Esq.

b. No authority granted to: DIDIER MAIREY MANAGER	
The foregoing instrument was sworn and su	bscribed before me this <u>25</u> day of <u>4</u> , who produced ration.
	Printed Notary Name
	. ,
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) What has a part of the p	·
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