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 $C(n_1,4,\ldots,n_{n_1,n_2}) = \mathcal{T}_{(n_1,\ldots,n_{n_1,n_2})} \bullet \bullet_{n_1,\ldots,n_n}.$

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SECRETARY OF STATE

Jarak 1

COVER LETTER

Registration Section Division of Corporations

TO:

CURRET. LABOMOLIC			
SUBJECT: LABO M6 LLC Name of Lin	mited Liabili	ty Compa.	ny
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are s	submitted for	filing.	
Please return all correspondence concerning this ma	tter to the fol	lowing:	
Sarah Barbaccia			
Name of Person			
Sarah Barbaccia, P.A.			
Firm/Company		_	
942 SW 93 Terrace			
Address	<u>. </u>	_	
Plantation, FL 33324			
City/State and Zip Code			
sbarbaccia@barbaccialaw.com			
E-mail address: (to be used for future annu-	al report noti	fication)	
For further information concerning this matter, pleas	se call:		
Sarah Barbaccia	at (<u>954</u>)	748-4890
Name of Person	Area	Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Ta	illahassee.	, 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 M6 LLC</u> SECOND: The Florida Document Number of the limited liability company is: L13000091297 **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 subsc 2018, by 11718 MAINE (ASSEPORT as identification	ribed before me this day of, who produced,
SEAL:	CHOPLIN - TEXIEM. Notary Public
	Printed Notary Name
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) Market Mark	TILED 2018 AUG 14 AM 10: 52 SECRETARY OF STATE FALLAHASSEE, FL
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