

Date: November 5, 2025

To: DBPR

From: Adrian Blue Therapy Center LLC

Address: 1560 SW 1st St

Re: Authorization

I hereby authorize Permits LLC / Ayleen Luis to process the application for Adrian Therapy Center LLC, including submitting all necessary documentation related to accessibility waiver.

Additionally, I authorize them to attend any related hearings on behalf of Adrian Blue Therapy Center LLC.

Thank you

Adel Martinez 
Adrian Blue Therapy Center LLC
Property Owner/Business owner

State of Florida County of Miami Dade

Sworn to subscribed before me this

5 Day of NOVEMBER, 2025

By Adel Martinez

Personally known X

Or Produced identification _____

Jordan Caceres

Notary Print name and Signature

