

L20 0000 87278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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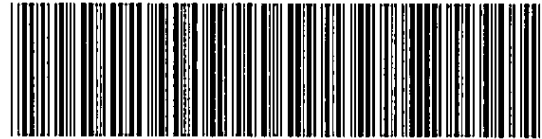
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIONSHEART LOGISTICS 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:

TANIA HERNANDEZ
Name of Person

LIONSHEART LOGISTICS LLC.
Firm/Company

585 NE 6th PLACE
Address

Florida City 33034
City/State and Zip Code

Lionsh228@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TANIA HERNANDEZ at (305) 434-0114
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: LIONS HEART LOGISTICS LLC

SECOND: The Florida Document Number of the limited liability company is: C20000087278

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

585 NE 6th PLACE
FLORIDA CITY FLORIDA
33034

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

SAME

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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: TANIA HERNANDEZ (my self)

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: LUIS A RIVAS

b. No authority granted to: _____



Signature of authorized representative

Tania Hernandez

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)