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COVER LETTER

Division of Corporations	
SUBJECT: JAON TRAUSPOR Name of Limited	TATION 8 LOGISTICS, LL Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Name of Person	
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please cal	l:
Name of Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section

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: JOON TRANSPORTAGION LOGISTICS, LLC
SECOND: The Florida Document Number of the limited liability company is: L 2/000/04/022
THIRD: The street address of the limited liability company's principal office is: 2613 Hwy 13 &
MARIANNA, FEDRADA 32948 55 20 TI
The mailing address of the limited liability company's principal office is: WARTAWA, FURTOR
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:
May execute an instrument transferring real property held in the name of the company. a. Granted to: TARAO LAWAR DOWALD
b. No authority granted to: KRYSTLE NIGOLE BRAHAMY
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: TARROD LAMAR DONALD
b. No authority granted to: WRYSTLY NEWLE GRAHALY
Signature of authorized representative Filing Fee: \$25.00 TARIO LAWR DUME Typed or printed name of signature

Certified Copy: \$30.00 (optional)