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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-------------|---|------------------------------------|
| SUBJI | 36 Trucking LLC | |
| | Name of | Limited Liability Company |
| Dear S | ir or Madam: | |
| The en | closed Statement of Authority and fee(s) a | are submitted for filing. |
| Please | return all correspondence concerning this | matter to the following: |
| Miche | al C Hankerson | |
| | Name of Person | |
| 36 Tn | acking LLC | |
| | Firm/Company | |
| 1229 1 | Lucas dr | |
| | Address | |
| Sebrin | g F1 33870 | |
| | City/State and Zip Code | |
| micha | elhankerson232@yahoo.com | |
| | E-mail address: (to be used for future ar | nnual report notification) |
| For fu | ther information concerning this matter, p | lease call: |
| Micha | el Hankerson | 407 280-5561 at () |
| | 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 authority: | : following | statemen | nt of |
|---|--|-------------------------|----------------------------|
| FIRST: The name of the limited liability company is: 36 Trucking LLC | | | |
| SECOND: The Florida Document Number of the limited liability company is: L21000169 | 533 | | |
| THIRD: The street address of the limited liability company's principal office is: 1229 Lucas dr Sebring, fl 33870 | <u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | |
| : | | | |
| The mailing address of the limited liability company's principal office is: 1229 Lucas dr Sebring, fl 33870 | | | |
| | | | |
| FOURTH: This statement of authority grants or sets limitations of authority on all person position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: | s having th herwise or | e status (to a spec | or ific |
| May execute an instrument transferring real property held in the name of the case. Granted to: Micheal C. Hankerson , Jevonte Fleming, Amina Mathis | | 2021 DEC | t. - |
| As Owners / Managers | | <u>:</u> C 20 | .स.च्य स्थान -संस्कृ |
| b. No authority granted to: | · · · · · · · · · · · · · · · · · · · | | - |
| May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: Micheal C. Hankerson, Jevonte Fleming, Amina Math. As Owners/Managers | ne company | у. | |
| b. No authority granted to: | | | |
| Micheal Hanker | | | |
| Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | name of si | gnature | |

CR2E138 (2/14)