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COVER LETTER

Division of Corporations
SUBJECT: JET 360 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:
Jeth McGarity Name of Person
JET 360 LLC Firm/Company
3149 Old U.S Road
Harianna, FL 32446 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Tet McGarity at (360) 972-4693 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

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: SECOND: The Florida Document Number of the limited liability company is: <u>L31500279367</u> THIRD: The street address of the limited liability company's principal office is: The mailing address of the limited liability company's principal office is: 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: 1. May execute an instrument transferring real property held in the name of the company. b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company, b. No authority granted to:

Signature of authorized representative

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Typed or printed name of signature