

L22000299476



700396307477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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*Statement
of
Authority*

JAN 31 2023
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.A Haul it all transport 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:

Jamie Allen
Name of Person

J.A. Haul it all transport LLC
Firm/Company

9313 b Old Hastings rd
Address

Hastings FL 32145
City/State and Zip Code

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

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For further information concerning this matter, please call:

Jamie Allen at (904) 962-6564
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: J.A Haul it all transport LLC

SECOND: The Florida Document Number of the limited liability company is: 88-3499476 ^{L22000299476}

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

9313 b Old Hastings rd
Hastings, FL 32145

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

9313 b Old Hastings rd
Hastings, FL 32145

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FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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: Jamie Allen

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: Jamie Allen

b. No authority granted to: _____

Jamie Allen
Signature of authorized representative

Jamie Allen
Typed or printed name of signature

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