



Form
UPA-93
(Rev. 08/20)

State Corporation Commission

Statement of Partnership Authority

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 11477963
Filing Number: 2212305319190
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The undersigned, on behalf of the partnership set forth below, pursuant to Title 50, Chapter 2.2, Article 3 of the Code of Virginia, state as follows:

- The name of the partnership is Travelers Transport & Logistics
- The partnership's SCC ID number (if one has been issued) is _____
- The partnership is formed under the laws of Virginia
(state or other jurisdiction)
- (Mark if applicable:)** The partnership was previously authorized or registered with the Commission to transact business in Virginia as another type of foreign business entity. **(See Instructions.)**

5. The address, including the street and number, if any, of the partnership's principal office is
Le Phyllis lane Hampton Virginia 23060
(number/street) (city or town) (state) (zip)

6. The address, including the street and number, if any, of one office of the partnership in Virginia (if any) is
_____, VA _____
(number/street) (city or town) (zip)

7. **(Mark applicable box:)**

The names and mailing addresses of **all** of the partners are:

Name	Address
<u>Monica S. Hooper</u>	<u>Le Phyllis Lane Hampton, VA 23060</u>
<u>KeAndrea Worthington</u>	<u>Le Phyllis Lane Hampton, VA 23060</u>

OR

The name and mailing address of an agent, who was appointed by the partnership for the purpose of maintaining a list of the names and mailing addresses of all of the partners, are:

Name Address

8. **(Required:)** An instrument transferring real property held in the name of the partnership is authorized to be executed by the following partner(s): (The name of at least one partner is required.)

Monica Hooper KeAndrea Worthington
(name) (name)

9. **(Optional - Mark if applicable:)** The authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership, or other matters, are set forth in an attachment.

Signatures of partners (must be executed by at least two):

<u>M S Hooper</u> <small>(signature)</small>	<u>Monica S. Hooper</u> <small>(printed name)</small>	<u>12/29/2022</u> <small>(date)</small>
<u>KeAndrea Worthington</u> <small>(signature)</small>	<u>KeAndrea Worthington</u> <small>(printed name)</small>	<u>12/29/2022</u> <small>(date)</small>

Telephone number (optional): _____