



Joseph M. Centorino, Inspector General

TO: Honorable Mayor and Members of the City Commission
FROM: Joseph Centorino, Inspector General

DATE: August 25, 2023
RE: Investigation of Unauthorized Outside Employment and Exploitation of Official Position
by a Public Works Employee in the City of Miami Beach
OIG No. 23-17

EXECUTIVE SUMMARY

This investigation was commenced following receipt by the Office of the Inspector General (OIG) of information from an anonymous source that a full-time City employee, Montrice McClain (Subject), a Control Room Supervisor in the Department of Public Works, was operating private businesses on City time and utilizing a city computer in that activity. The OIG found sufficient evidence of such activity that the matter was referred to the Miami-Dade Commission on Ethics and Public Trust (COE) for its evaluation. The OIG worked along with the COE to obtain further evidence that supported the allegations.

Upon completion of the investigation, a complaint was filed against the Subject by the Ethics Commission Advocate for violations of Miami-Dade County Code Sections 2-11.1(k)(2) *Prohibition on Outside Employment* and 2-11.1(g) *Exploitation of Official Position*. This resulted in a Final Order by the COE (attached to this report), which was not contested by the employee, finding that both violations had occurred, imposing a fine of \$1500.00, and directing that a letter of instruction be issued to the Subject. During the investigation, but prior to final action by the COE, the Subject resigned from her City employment.

INVESTIGATION

The initial tip came in an email sent through the OIG website, which claimed that the Subject owned and operated two businesses while working for the City and had used her City-issued computer in connection with her private work. It also indicated that one of her businesses involved notary work.

Records accessed through the State of Florida Department of State Division of Corporations showed two active companies directly related to the Subject: McClain Signature Services, LLC, which listed the Subject as the company's registered agent and sole manager; and Signature Dispatching, an active Florida fictitious name created and owned by McClain Signature Services, LLC. Records for an inactive company, Mogul Measures, LLC, listed the Subject as one of the company's managers.

State records also showed that the Subject had received a Notary Public license from the State of Florida while employed by the City.

The Subject's personnel file with the City was obtained, which showed that the Subject had been hired on April 10, 2018, as a Control Room Operator in the Public Works Department. As a Control Room Operator, the Subject's duties included monitoring Water and Sewer Control Boards, answering citizen complaints, performing water meter turn-on and shut-off requests, monitoring and investigating alarms in the Water and Sewer system, and identifying electrical and mechanical problems in the system. During 2021, the Subject was promoted to Control Room Supervisor.

The Subject's personnel file did not show any request for approval of outside employment. A check by OIG with the Human Resources Department, which maintains such records, confirmed that no approved request for outside employment was on file. Additionally, the City Clerk's Office was contacted to determine whether the Subject had ever filed an annual statement of income from outside employment, as required under the County Ethics Code. No such statement was on file.

The OIG conducted a search of emails and scanned documents on the Subject's City computer, which revealed that the subject had used the computer to conduct work on her private businesses and also to work for another private business, Allstar Transportation Services, LLC., owned by a boyfriend of the Subject.

All information obtained by the OIG was forwarded for review to the COE investigator, who also interviewed Public Works Director Joe Gomez and the Subject herself. After being confronted with the evidence, the Subject acknowledged that she had engaged in unauthorized private employment with her own businesses as well as that of her boyfriend, and that she also failed to timely file accurate annual Outside Employment statements with the City. The Subject initially denied to the COE investigator that she had utilized her City computer to conduct the work. However, when confronted with the documents obtained by the OIG from her computer, the Subject acknowledged having done so, but claimed that she had done so only after her daily work assignments were completed.

On April 25, 2023, just prior to the COE Advocate's submission of a Probable Cause Memorandum to the full Ethics Commission in June, the Subject resigned from her employment with the City of Miami Beach. The detailed COE Probable Cause Memorandum with Exhibits is also attached to this report.

COE COMPLAINT AND FINAL ACTION

Based on the evidence compiled in the investigation. The COE advocate issued a three-count complaint to the Ethics Commission, citing violations of the following Miami-Dade County Code provisions applicable to municipal employees:

Prohibition on Outside Employment –Section 2-11.1(k)(2)

Counts I and II of the Complaint were filed under this section for the Subject's failure to file, by July 1 of 2021 and 2022, the required annual reports indicating the source of her outside employment, the nature of the work being done pursuant to the same, and any amount or types of money or other consideration that she received from said employment for those years.

Exploitation of Official Position—Section 2-11.1(g)

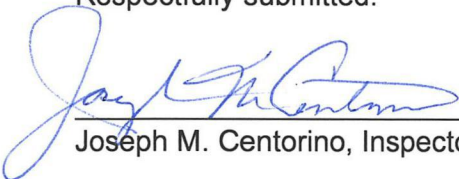
Count III of the Complaint was filed under this section for the Subject's utilization of City of Miami Beach resources, namely, a City of Miami Beach issued laptop computer in furtherance of her outside employment activities unrelated to City of Miami Beach official business, securing privileges or exemptions for herself and/or others.

On July 10, 2023, the Subject waived her right to a probable cause hearing before the Commission and stipulated that the allegations in the Complaint were supported by probable cause.

At a Commission hearing held on July 20, 2023, to consider the Complaint before it, the Subject did not contest any of the allegations. In its Final Order issued on August 2, 2023, the Commission ordered her to pay a total fine of \$1,500.00 (five hundred dollars for Count I and one thousand dollars for Count III), ordered her to accept a Letter of Instruction, and dismissed Count II of the Complaint.

This investigation is now closed.

Respectfully submitted:



Joseph M. Centorino, Inspector General

08/25/2023
Date

cc: Alina Hudak, City Manager
Eric Carpenter, Deputy City Manager
Joe Gomez, Public Works Director
Marla Alpizar, Human Resources Director

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MIAMI-DADE COUNTY COMMISSION ON ETHICS AND PUBLIC TRUST



IN RE:

C 23-22-06

MONTRICE NICHOLE MCCLAIN

RESPONDENT

PUBLIC REPORT AND FINAL ORDER

The Advocate of the Miami-Dade County Commission on Ethics and Public Trust filed a Complaint in this matter against Montrice Nichole McClain (hereinafter, “Respondent”), for violating the Miami-Dade County Conflict of Interest and Code of Ethics Ordinance Section 2-11.1(k)(2), entitled “*Prohibition on outside employment,*” and Section 2-11.1(g), entitled “*Exploitation of Official Position.*”

The Respondent was employed full-time with the City of Miami Beach Department of Public Works as Control Room Supervisor. Investigation showed that in 2019, while employed by the City of Miami Beach, the Respondent established and was listed as a manager of a for-profit Florida Limited Liability corporation named Mogul Measures, LLC. The Respondent advised in her sworn statement to this agency that she initially intended to use the company to conduct a clothing business. Mogul Measures, LLC. was administratively dissolved by the State of Florida Department of State Division of Corporations on September 24, 2021.

Investigation also showed that in 2020, the Respondent established and was listed as a manager and registered agent of for-profit Florida Limited Liability corporation named McClain Signature Services, LLC. The Respondent provided notary services through McClain Signature Services, LLC.

In 2021, McClain Signature Services, LLC., registered a fictitious name, Signature Dispatching. The Respondent used Signature Dispatching to conduct a truck load dispatching business. The Respondent in her sworn statement stated that she only operated her truck load dispatching business for approximately four (4) months in early 2021. She explained however that after she stopped operations of Signature Dispatching, she continued to perform truck load dispatching and administrative duties for AllStar

Transportation Services, LLC., which is owned by her significant other, Emmanuel Sims. She indicated that she “helped” Sims, by signing off on invoices and managing Allstar Transportation Services, LLC’s, administrative duties while Sims was on the road.

As the Respondent was engaged in outside employment while she was employed full-time by the City of Miami Beach, she was required to file Outside Employment Statements indicating the source of her outside employment, the nature of the work being done, and the amount and types of money or other consideration she received from her outside employment. *See* Miami-Dade County Ethics Code § 2-11.1(k)(2); RQO 17-03; RQO 16-01. However, upon review of the Respondent’s City of Miami Beach personnel file and by the Respondent’s own admission, the Respondent did not request approval to conduct her outside employment and did not file any Outside Employment Statements even though, she was an officer for and/or actively engaged with four (4) companies. Specifically, on or about July 2, 2021, the Respondent had not filed the required annual sworn report for 2020 that was due on July 1, 2021; and, on or about July 2, 2022, the Respondent had not filed the required annual sworn report for 2021 that was due on July 1, 2022.

Investigation further showed that the Respondent used her position with the City of Miami Beach, and the access said position provided to a City of Miami Beach computer and computer related equipment, to support her outside employment activities. Documents obtained from the Respondent’s City of Miami Beach work computer showed that the Respondent used City resources to work on branding and marketing for McClain Signature Services, LLC., and Allstar Transportation Services, LLC.; transmitted documents via email that she notarized or planned to notarize for a fee; processed and electronically signed transportation load confirmation contracts for Allstar Transportation Services, LLC.; applied for McClain Signature Services to be a White Label Broker for Tradeline Supply Company; and assisted Sims with the completion of his personal Florida and Federal CDL registration obligations. Consequently, the Respondent violated Section (g) of the Ethics Code, by utilizing her assigned City of Miami Beach computer and equipment in furtherance of her outside employment activities, securing a special benefit for both herself and her significant other, Emmanuel Sims.

The Respondent stipulated to Probable Cause.

On July 20, 2023, the Miami-Dade County Commission on Ethics and Public Trust, by a unanimous vote, accepted the Respondent’s Stipulation to Probable Cause regarding the facts underlying the Complaint and ratified the Settlement Agreement. Pursuant to the Settlement Agreement, the Commission accepted the Respondent’s decision Not to Contest

the allegations in the Complaint, ordered the Respondent to pay a total fine of \$1,500.00 (five hundred dollars for Count I and one thousand dollars for Count III), ordered the Respondent to accept a Letter of Instruction, and dismissed Count II of the Complaint.

Wherefore it is:

ORDERED AND ADJUDGED that Complaint 23-22-06 against Respondent Montrice Nichole McClain is hereby concluded.

DONE AND ORDERED by the Miami-Dade County Commission on Ethics & Public Trust in public session on this 20th day of July 2023.

MIAMI-DADE COUNTY COMMISSION ON
ETHICS & PUBLIC TRUST

By:  229F6B48B9E44EC...

Judith Bernier

Chair 8/2/2023

Signed on : _____



PROBABLE CAUSE MEMORANDUM

To: Miami-Dade County Commission on Ethics and Public Trust

From: Radia Turay, Advocate
Etta Akoni, Staff Attorney

Re: C 23-22-06 (In re: Montrice Nichole McClain)

Date: June 2023

I. Recommendation:

There is **Probable Cause** to believe that Montrice Nichole McClain, (hereinafter “Respondent”), violated two (2) sections of the Miami-Dade County Conflict of Interest and Code of Ethics Ordinance (hereinafter “Ethics Code”), specifically, Section 2-11.1(g), entitled “*Exploitation of Official Position,*” and Section 2-11.1(k)(2) entitled “*Prohibition on Outside Employment.*”¹

II. Background and Investigation:

On August 20, 2022, the City of Miami Beach, Florida (hereinafter “City”) Office of the Inspector General (hereinafter “OIG”) received an anonymous complaint that the Respondent had engaged in outside employment without permission. The anonymous complaint also stated that Respondent owned two businesses and was using City resources to conduct outside employment. The OIG referred the allegation to the Miami Dade Commission on Ethics and Public Trust (hereinafter “COE”) for its independent evaluation of the matters referenced therein that fall within the jurisdiction of the COE. The COE reviewed and investigated this allegation.

The Respondent is employed full-time by the City of Miami Beach Department of Public Works as a Control Room Supervisor. A search of public records via the State of Florida Department of State Division of Corporations website showed that the Respondent is listed as an officer or registered agent for three (3) currently active companies:

¹ Probable Cause exists where there are reasonably trustworthy facts and circumstances for the Miami-Dade County Commission on Ethics and Public Trust (“COE”) to conclude that the Respondent violated any County or municipal law or provision over which the COE has jurisdiction. See Miami-Dade Commission on Ethics and Public Trust Rules of Procedure 4.12(b).

- i. Mogul Measures, LLC. - Mogul Measures, LLC. was created on November 18, 2019, and was administratively dissolved by the State of Florida Department of State Division of Corporations on September 24, 2021. *See* Sunbiz.org Profile, Articles of Incorporation, and Annual Corporate Filings for 2020 for Mogul Measures, LLC., attached hereto as “Exhibit A.” The Respondent is listed as one of the company’s managers. *Id.*
- ii. McClain Signature Services, LLC. - McClain Signature Services, LLC., is an active Florida limited liability corporation created on November 16, 2020. *See* Sunbiz.org Profile, Articles of Incorporation, and Annual Corporate Filings for years 2021, 2022, and 2023 for McClain Signature Services, LLC., attached hereto as “Exhibit B.” The Respondent is listed as the company’s registered agent and sole manager. *Id.*
- iii. Signature Dispatching - Signature Dispatching is an active Florida fictitious name created and owned by McClain Signature Services, LLC. *See* Sunbiz.org Profile and Fictitious Name Filings dated December 5, 2021, attached hereto as “Exhibit C.” Signature Dispatching is an active fictitious name until 2026. *Id.*

The COE investigation of public records related to the Respondent also revealed that on October 7, 2019, the Respondent was awarded a Notary Public license by the State of Florida. *See* State of Florida, Department of State, Division of Corporations, Notary Section records for Montrice Nichole McClain, attached hereto as “Exhibit D.”

Upon the request of the COE, the City OIG conducted a search of the Respondent’s City assigned computer and scanner. This agency reviewed the information and documentation produced from this search. The search revealed that the Respondent used her City assigned computer to conduct work for her personal businesses and to work for an unrelated non-City entity, Allstar Transportation Services, LLC. (hereinafter “Allstar”).

A search for Allstar on the State of Florida Department of State Division of Corporation website revealed that Emanuel O. Sims (hereinafter “Sims”) is the only authorized person or manager listed for Allstar. *See* Sunbiz.org Profile, Articles of Incorporation, and Annual Corporate Filings for years 2022, attached for Allstar, attached hereto as “Exhibit E.”

The Respondent’s computer contained several Load Confirmation Contracts issued to Allstar, including some that list the Respondent as either the contact person and/or a manager with her personal contact number, dated in the later two (2) quarters of 2022, as well as regulatory administrative documents for Allstar. *See* Load Confirmation Contracts and Administrative Documents, attached hereto as “Exhibit F.”

The Respondent’s City computer also contained an illustration of Allstar’s company logo, and a flyer for Allstar that both Sims’ and the Respondent’s contact phone numbers listed. *See* Allstar’s Logos and Flyers, attached hereto as “Exhibit G.”

A copy of Sims’ Florida driver’s license; an executed United States Department of Transportation Medical Examination Report form for commercial drivers, dated October 27, 2022; Sim’s 2023 Unified Carrier Registration confirmation, dated October 13, 2022; Sim’s Florida CDL Medical

Self Certification Submission confirmation, dated October 28, 2022; Sim's September 2022 mortgage loan statement; and Allstar Transportation Services, LLC's Progressive Insurance Company Certificate of Insurance form were also found on her computer. *See* Sim's Personal Documents, attached hereto as, "Exhibit H."

The search of the Respondent's City computer also had illustrations of the McClain Signature Services Virtual Assistant Service logo. *See* McClain Signature Services logos, attached hereto as "Exhibit I." Her computer further had scanned documents that had either been notarized by the Respondent or appear to be waiting to be notarized as her signature line was printed on the form, such as an email from the Respondent's personal email address to her work email address containing a pre-completed U.S. Passport application to be notarized. *See* Notarization Documents, attached hereto as "Exhibit J."

Lastly, an application by McClain Signature Services to be a White Label Broker for Tradeline Supply Company, dated November 21, 2022, was found on the Respondent's computer. *See* Tradeline Supply Application, attached hereto as, "Exhibit K."

A review of the Respondent's City of Miami Beach personnel file showed that the Respondent did not submit a request, nor had she received prior written authority from the City to engage in outside employment. The Respondent had also never filed any Annual Income Disclosure Statements with the City Clerk.

After reviewing the above-mentioned information and documentation, the following interviews were conducted in furtherance of this COE investigation.

A. *Interview of Joe L. Gomez*
Director of the Department of Public Works for the City of Miami Beach

Joe Gomez, the Director of the Department of Public Works for the City of Miami Beach (hereinafter referred to as "Gomez") and Respondent's supervisor, was interviewed by COE investigators. Gomez described the Respondent's responsibilities as a Control Room Supervisor for Public Works as, including but not specifically limited to, managing the control room; monitoring the City of Miami Beach's water, wastewater, and stormwater indicators; responding to emergencies and alarms; and providing support and serving as a liaison between control room operators. The COE obtained a copy of the job description for a City of Miami Beach Department of Public Works Control Room Supervisor position. *See* Control Room Supervisor Position Description, attached hereto as "Exhibit L."

The Control Room Supervisor Position Description does not reference any duties related to being a Notary Public. *Id.* Gomez stated that their department has employees that are tasked with the responsibilities of being a Notary Public for the department. For those designated by the City to be a department Notary Public, the fees and costs associated with being a Notary Public are paid for by the City of Miami Beach. According to Gomez, the City maintains employees with said credentials in the event a regulatory agency requests an affidavit from their office that would require notary services. Gomez stated that he has never seen a document notarized by the Respondent in the eighteen (18) months he has worked for the City. Gomez described the Respondent as an exceptional and reliable employee, always going above and beyond to perform her duties as supervisor.

B. Interview of Montrice Nichole McClain (Respondent)

The Respondent provided a sworn and recorded statement to this agency. The Respondent confirmed that she has been employed with City of Miami Beach, Florida Department of Public Works since 2018. For the last two (2) years, she has held the position of Control Room Supervisor. According to the Respondent, her responsibilities as Control Room Supervisor include, but are not limited to, managing the control room, ensuring 24/7 coverage in the control room, and overseeing the operation of the water supply and distribution system.

The Respondent was questioned regarding her role and involvement with Mogul Measures, LLC., McClain Signature Services, LLC., Signature Dispatching, and Allstar Transportation Services, LLC. A summary of the Respondent's responses to the inquiry into each of these companies is listed below.

i. *Mogul Measures, LLC.*

The Respondent advised that *Mogul Measures, LLC.*, is a clothing design company that was never operational. She stated Mogul Measures, LLC., was created on November 18, 2019, and was administratively dissolved by the State of Florida Department of State Division of Corporations on September 24, 2021. *See Exhibit A.* The Respondent explained that whenever she got an idea for a business, she would register the name to have it readily available, but since the business did not launch, she did not profit from it.

ii. *McClain Signature Services, LLC.*

The Respondent advised that in 2019 she became a notary public. She stated that she established McClain Signature Services in 2020 to provide notary services. The Respondent acknowledged that there is a website for McClain Signature Services, LLC., but indicated that the company is not currently offering any services as she is focusing on rebranding the business in order to gain a bigger following and learn more about marketing.

Before taking a break from the business, the Respondent claimed that she barely had clients, and would do mobile Notary Public work from referrals. The Respondent recounted three clients for the business: a customer in Miami who was referred to her by her cousin, Janieka Smith, in 2020; her cousin, Janieka Smith, in 2022; and a different cousin, Audrey Bent. She stated that she charged her customers twenty (20) dollars for her notary services. The Respondent denied notarizing any documents at her City employment unless she was asked to do so by her employer.

When asked if being a notary public was part of her responsibilities for the City, the Respondent claimed that she is rarely asked to do so but that City management was aware that she is a Notary Public and have asked her to notarize documents once or twice before. When asked if the City has ever paid for her notary supplies, the Respondent confirmed the City paid for a stamp that she keeps at work locked in her locker along with her ledger to keep track of the documents she's notarized. The Respondent added that her personal stamp looks different than the one she has at work. The COE was provided a copy of an email between the Respondent and Tiffany Bain, an Office Assistant for the Operations Division of the Department of Public Works for the City of Miami Beach, dated October 27, 2021, wherein Ms. Bain confirms the purchase of notary supplies for Ms. McClain. *See Notary Supply Purchase Email, attached hereto as, "Exhibit M."*

The Respondent initially denied using any City resources, specifically her City assigned a

computer, to complete work unrelated to her City position for McClain Signature Services. However, her response changed when presented with a series of documents found on her City assigned computer including copies of notarized documents, pictures of her company logo for McClain Signature Services, an application by McClain Signature Services to be a White Label Broker for Tradeline Supply Company, and other personal documents. *See Exhibits I, J, and K.* The Respondent then admitted that she would conduct McClain Signature Services business on her City assigned computer while at work, but only once her daily work assignments were completed.

iii. *Signature Dispatching*

According to the Respondent, Signature Dispatching was created by the Respondent as a fictitious name of McClain Signature Services, LLC. The Respondent stated that Signature Dispatching is currently inactive². The Respondent stated that she registered the fictitious name in order to add a truck load dispatching business to her company. Signature Dispatching focused on finding and scheduling freight loads for truckers who are on the road and unable to complete the necessary paperwork for the loads. In exchange the Respondent was compensated with a percentage of her client's compensation for the load. However, the Respondent stated that she only did this type of work for approximately four (4) months in early 2021. The Respondent alleged that she stopped providing this service after the market truck load rates dropped so low that it made her services unaffordable for her clients. She stated that while she conducted this business, she worked with two truck companies, Allstar and Exclusive Prime, LLC (she was unable to recall the later entity's full name). She was unclear on how much she made per month doing dispatch work for Allstar but estimated it at approximately \$3500USD for a five-month period. Altogether, the Respondent believed she made approximately \$10,000USD in 2021 from Signature Dispatching. According to the Respondent, all her work for Signature Dispatching was conducted from her home office using her own computer.³

iv. *Allstar Transportation Services*

Regarding Allstar, the Respondent explained that she was not and is not an employee of Allstar. She stated that she worked for her own company, Signature Dispatching, providing truck load dispatching service to carriers like Allstar. However, the Respondent admitted that she is in a personal romantic relationship with Emmanuel Sims, the owner of Allstar. She further explained that after she stopped operations for Signature Dispatching, she continued to help her "boyfriend," Sims, by signing off on invoices and managing Allstar administrative duties while Sims was on the road. *See Exhibits F, G, and H.* After she was confronted with all the documents found on her computer, the Respondent admitted that she used her City assigned computer to do this work for Sims. However, she reiterated that she only conducted work for Allstar after she had completed her City assigned responsibilities. Moreover, the Respondent stated that she was not compensated for her work as dispatcher for Allstar in 2022.

² Signature Dispatching was confirmed as "Active" until 2026 on the State of Florida Department of State Division of Corporations website.

³ The Respondent's computer however contained several Load Confirmation Contracts issued to Allstar Transportation Service, including some that list the Respondent as either the contract person or/a manager with her personal contact number, dated in the latter two (2) quarters of 2022, as well as regulatory administrative documents for Allstar. *See "Exhibit F."*

Lastly, the Respondent was advised that City resources may not be used to conduct work for her outside employment, even if she has completed her City work. The Respondent stated that she was not aware that her activities were considered outside employment. As such she indicated that she had not previously requested permission to engage in outside employment and did not file any Annual Outside Employment Disclosures. The Respondent was informed that she would have to request permission to engage in any employment endeavor outside of the City of Miami Beach, and she needed to complete the financial disclosure statement forms for each year her businesses were active while employed with the City of Miami Beach, even if no income was earned.

One week after this interview, this agency received an email from the Respondent stating that she filed Outside Employment Approval Request and Statement for 2018, 2019, 2020, and 2021. *See McClain Outside Employment Approval Request and Statement, attached hereto as, "Exhibit N."*

A review of the Outside Employment Statement filed by the Respondent on February 15, 2022, for 2020 only lists McClain Signature Services, excluding Mogul Measures LLC. *Id.* A review of the Outside Employment Statement filed by the Respondent on February 15, 2023, for 2021 also only lists McClain Signature Services, excluding Mogul Measures LLC and Signature Dispatching. *Id.* Allstar Transportation Services is not referred on any of the Outside Employment Statement nor the City of Miami Beach Request for Approval for Outside Employment filed by the Respondent.⁴ *Id.*

III. Applicable Law

Miami-Dade County Ethics Code, Section 2-11.1(k), entitled, "*Prohibition on outside employment*," states in pertinent part:

All full-time County and municipal employees engaged in any outside employment for any person, firm, corporation or entity other than Miami-Dade County, or the respective municipality, or any of their agencies or instrumentalities, shall file, under oath, an annual report indicating the source of the outside employment, the nature of the work being done pursuant to same and any amount or types of money or other consideration received by the employee from said outside employment. Said County employee's reports shall be filed with the supervisor of elections no later than 12:00 noon on July 1st of each year, including the July 1st following the last year that person held such employment.

Miami-Dade County Ethics Code § 2-11.1(k)(2).

Miami-Dade County Ethics Code, Section 2-11.1 (g), *Exploitation of official position prohibited*, States:

⁴ The Respondent has since resigned from her position at the City of Miami Beach.

No person included in the terms defined in Subsection (b) (1) through (6) and (b) (13) shall use or attempt to use his or her official position to secure privileges or exemptions for himself or herself or others except as may be specifically permitted by other ordinances and resolutions previously ordained or adopted or hereafter to be ordained or adopted by the Board of County Commissioners.”

See Miami-Dade County Ethics Code § 2-11.1(g).

IV. Analysis

Section 2-11.1(a) of the Ethics Code provides that the Ethics Code sets minimum standards of ethical conduct and its provisions are applicable to all municipal governments within Miami-Dade County, including the City of Miami Beach. The Respondent in this case is a Control Room Supervisor for the Department of Public Works for the City of Miami Beach, Florida. As a Control Room Supervisor, she is a covered party pursuant to Section 2-11.1 (b)(6) of the Ethics Code which applies to all other personnel employed by the County or municipal governments within Miami-Dade County.

Prohibition on Outside Employment - Miami-Dade County Ethics Code, Section 2-11.1(k)(2)

Outside employment is considered any non-municipal employment or business relationship in which the municipal employee provides a personal service to the non-municipal entity that is compensated or customarily compensated. RQO 17-03 (citing RQO 16-01). Municipal employees are considered to be engaging in outside employment when they are running a business whether incorporated or not and regardless of whether it is generating any income, including running an internet-based business. RQO 16-01.

Pursuant to Miami Dade Code Section 2-11, a municipal employee may accept outside employment provided that it is not contrary, detrimental, or adverse to the interests of the municipality; that the employee does not use municipal time, materials, or resources to perform the outside employment; and that the employee first obtains written approval from the head of the department, where the employee is assigned, before engaging in any outside employment. See COE Outside employment Guidelines dated May 29, 2019; Administrative Order 7-1; and County Procedure 403. Permission for outside employment must be requested annually, even in cases where the type of outside employment has not changed.⁵

Additionally, pursuant to Section 2-11.1 (k)(2) of the Ethics Code, full-time municipal employees who engage in any outside employment during the preceding year for any person, firm, corporation, or entity other than their government employment must file a statement that discloses the source of the outside employment, the nature of the work being done pursuant to same and any amount or types of money or other consideration received by the employee for that outside employment. See Miami-Dade Code §2-11.1(k)(2); RQO 17-03 and RQO 16-01. The disclosure of the money or compensation received from outside employment is filed on an Outside

⁵ Miami-Dade Code 2-11, Administrative order 7-1, and Procedure 401, are not within the jurisdiction of the Ethics Commission, as they are not contained in the Ethics Code and/or any other ethics ordinance that this Commission enforces.

Employment Statement. Full-time City of Miami Beach, Florida employees must file the Outside Employment Statement with the City Clerk by July 1st of each year.

Here, the Respondent, by her own admission, owns and operated three businesses between 2020 and 2022: Mogul Measures, LLC., which is a Florida limited liability corporation established in 2019, that was intended to be a clothing design company; McClain Signature Services, LLC., an active Florida limited liability corporation established in 2020 to facilitate the Respondent's Notary Public business; and Signature Dispatching, a fictitious name of McClain Signature Services, LLC., created in 2021 to expand her business to include a truck load dispatching service. *See Exhibits A, B, and C.* The Respondent also admitted to working for Allstar Transportation Services in 2021 and 2022 as a dispatcher and completed administrative tasks for its owner, Emmanuel Sims.

In 2020 and 2021, the Respondent was employed full-time by the City of Miami Beach Department of Public Works as a Control Room Supervisor. As the Respondent was engaged in outside employment while she was employed full-time by the City of Miami Beach, she was required to file Outside Employment Statements indicating the source of her outside employment, the nature of the work being done, and the amount and types of money or other consideration she received from her outside employment. *See Miami-Dade County Ethics Code § 2-11.1(k)(2); RQO 17-03; RQO 16-01.* However, upon review of the Respondent's City of Miami Beach personnel file and by the Respondent's own admission, the Respondent did not request approval to conduct her outside employment and did not file an Outside Employment Statement even though, at the time, she was an officer for and/or actively engaged with four (4) companies.

Therefore, the Respondent violated Section (k)(2) of the Ethics Code, by failing to file an Outside Employment Statement by July 1, 2021 and July 1, 2022, to disclose the source of her outside employment, the nature of the work being done pursuant to same, and any amount or types of money or other consideration received by the employee for that outside employment during the tax years 2020 and 2021 respectively.

Additionally, the Outside Employment Statements for years 2020 and 2021 that the Respondent filed after her interview with this agency, continue to violate Section (k)(2) of the Ethics Code as they do not fully disclose the source of her outside employment, the nature of the work being done pursuant to same, and any amount or types of money or other consideration received by the employee for that outside employment. Specifically, the subsequently filed Outside Employment Statements for 2020 and 2021 are inaccurate as they exclude Mogul Measures LLC for year 2020; and exclude Mogul Measures, LLC., Signature Dispatching, and Allstar Transportation Services for year 2021. *See Exhibit N.*

Exploitation of Official Position Prohibited - Miami-Dade County Ethics Code, Section 2-11.1(g)

Section (g) of the County Ethics Code prohibits municipal employees from using their official positions to secure a special benefit for themselves or others. *See Miami-Dade County Code at Sec. 2-11.1(g).* In this case, the Respondent exploited her official position by utilizing her City of Miami Beach laptop and office equipment, provided to her as tools for her position as a Control Room Supervisor, to work for her own companies and Allstar Transportation Services, owned by Emmanuel Sims.

As evidenced by her own admission and the documents obtained from the Respondent's City of Miami Beach work computer, she used City resources to work on branding and marketing for McClain Signature Services, LLC., and Allstar Transportation Services, LLC.; transmitted documents via email that she notarized or planned to notarize for a fee; processed and electronically signed transportation load confirmation contracts for Allstar Transportation Services, LLC.; applied for McClain Signature Services to be a White Label Broker for Tradeline Supply Company; and assisted Sims with the completion of his personal Florida and Federal CDL registration obligations. *See* Exhibit F, G, H, I, J and K.

Therefore, the Respondent violated Section (g) of the Ethics Code, by utilizing her assigned City of Miami Beach computer and equipment in furtherance of her outside employment endeavors, securing a special benefit for both herself and her "boyfriend," Emmanuel Sims.

V. **Conclusion**

Accordingly, based on the investigation conducted, interviews, and supporting documentation, Probable Cause exists to conclude that Respondent, Montrice Nichole McClain, violated Section 2-11.1(k)(2), "*Prohibition on Outside Employment*," and Section 2-11.1(g), "*Exploitation of Official Position*," of the Ethics Code.

EXHIBIT A

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000285946
FILED 8:00 AM
November 18, 2019
Sec. Of State
mdsellars

Article I

The name of the Limited Liability Company is:
MOGUL MEASURES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL. US 33169

The mailing address of the Limited Liability Company is:
17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL. US 33169

Article III

Other provisions, if any:
OPERATING WITHIN THE BOUNDARIES OF ANY AND ALL LEGAL
BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MYSHELLA L HALL
17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL. 33169

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MYSHELLA HALL

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
MYSHELLA L HALL
17353 NW 7TH AVE APT. 108
MIAMI GARDENS, FL. 33169 US

Title: MGR
MONTRICE N MCCLAIN
1811 NW 69 STREET
MIAMI, FL. 33147 US

Title: MGR
JANELLE GIBSON
17353 NW 7TH AVE APT. 108
MIAMI GARDENS, FL. 33169 US

Title: MGR
CYNDI M GREEN
11101 NW 37TH ST
SUNRISE, FL. 33351 US

L19000285946
FILED 8:00 AM
November 18, 2019
Sec. Of State
mdsellers

Article VI

The effective date for this Limited Liability Company shall be:

11/16/2019

Signature of member or an authorized representative

Electronic Signature: MONTRICE MCCLAIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000285946

Entity Name: MOGUL MEASURES LLC

Current Principal Place of Business:

17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL 33169

Current Mailing Address:

17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL 33169 US

FEI Number: 84-4235678

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, MYSELLA L
17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HALL, MYSELLA L
Address 17353 NW 7TH AVE APT. 108
City-State-Zip: MIAMI GARDENS FL 33169

Title MGR
Name MCCLAIN, MONTRICE N
Address 1811 NW 69 STREET
City-State-Zip: MIAMI FL 33147

Title MGR
Name GIBSON, JANELLE
Address 17353 NW 7TH AVE APT. 108
City-State-Zip: MIAMI GARDENS FL 33169

Title MGR
Name GREEN, CYNDI M
Address 11101 NW 37TH ST
City-State-Zip: SUNRISE FL 33351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MYSELLA HALL

REGISTERED AGENT

04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Officer/Registered Agent Name](#) /

Detail by Officer/Registered Agent Name

Florida Limited Liability Company

MOGUL MEASURES LLC

Filing Information

Document Number	L19000285946
FEI/EIN Number	84-4235678
Date Filed	11/18/2019
Effective Date	11/16/2019
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/24/2021
Event Effective Date	NONE

Principal Address

17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL 33169

Mailing Address

17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL 33169

Registered Agent Name & Address

HALL, MYSELLA L
17353 NW 7 AVENUE
APT. 108
MIAMI GARDENS, FL 33169

Authorized Person(s) Detail

Name & Address

Title MGR

HALL, MYSELLA L
17353 NW 7TH AVE APT. 108
MIAMI GARDENS, FL 33169

Title MGR

MCCLAIN, MONTRICE N
1811 NW 69 STREET
MIAMI, FL 33147

Title MGR

GIBSON, JANELLE
17353 NW 7TH AVE APT. 108
MIAMI GARDENS, FL 33169

Title MGR

GREEN, CYNDI M
11101 NW 37TH ST
SUNRISE, FL 33351

Annual Reports

Report Year	Filed Date
2020	04/29/2020

Document Images

04/29/2020 -- ANNUAL REPORT	View image in PDF format
11/18/2019 -- Florida Limited Liability	View image in PDF format

EXHIBIT B

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000361443
FILED 8:00 AM
November 16, 2020
Sec. Of State
tscott

Article I

The name of the Limited Liability Company is:
MCCLAIN SIGNATURE SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1811 NW 69 STREET
MIAMI, FL. US 33147

The mailing address of the Limited Liability Company is:
1811 NW 69 STREET
MIAMI, FL. US 33147

Article III

The name and Florida street address of the registered agent is:
MONTRICE N MCCLAIN
1811 NW 69 STREET
MIAMI, FL. 33147

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MONTRICE MCCLAIN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
MONTRICE N MCCLAIN
1811 NW 69 STREET
MIAMI, FL. 33147 US

L20000361443
FILED 8:00 AM
November 16, 2020
Sec. Of State
tscott

Article V

The effective date for this Limited Liability Company shall be:

11/14/2020

Signature of member or an authorized representative

Electronic Signature: MONTRICE MCCLAIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000361443

Entity Name: MCCLAIN SIGNATURE SERVICES LLC

Current Principal Place of Business:

1811 NW 69 STREET
MIAMI, FL 33147

Current Mailing Address:

1811 NW 69 STREET
MIAMI, FL 33147 US

FEI Number: 85-4098313

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCLAIN, MONTRICE N
1811 NW 69 STREET
MIAMI, FL 33147 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name MCCLAIN, MONTRICE N
Address 1811 NW 69 STREET
City-State-Zip: MIAMI FL 33147

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONTRICE MCCLAIN

OWNER

04/25/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000361443

Entity Name: MCCLAIN SIGNATURE SERVICES LLC

Current Principal Place of Business:

1811 NW 69 STREET
MIAMI, FL 33147

Current Mailing Address:

1811 NW 69 STREET
MIAMI, FL 33147 US

FEI Number: 85-4098313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLAIN, MONTRICE N
1811 NW 69 STREET
MIAMI, FL 33147 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MCCLAIN, MONTRICE N
Address 1811 NW 69 STREET
City-State-Zip: MIAMI FL 33147

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONTRICE MCCLAIN

OWNER

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000361443

Entity Name: MCCLAIN SIGNATURE SERVICES LLC

Current Principal Place of Business:

1317 EDGEWATER DR
SUITE #1119
ORLANDO, FL 32804

Current Mailing Address:

1317 EDGEWATER DR
SUITE #1119
ORLANDO, FL 32804 US

FEI Number: 85-4098313

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCLAIN, MONTRICE N
1811 NW 69 STREET
MIAMI, FL 33147 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name MCCLAIN, MONTRICE N
Address 1811 NW 69 STREET
City-State-Zip: MIAMI FL 33147

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONTRICE MCCLAIN

MANAGER

01/17/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
 MCCLAIN SIGNATURE SERVICES LLC

Filing Information

Document Number L20000361443
FEI/EIN Number 85-4098313
Date Filed 11/16/2020
Effective Date 11/14/2020
State FL
Status ACTIVE

Principal Address

1317 Edgewater Dr
 Suite #1119
 Orlando, FL 32804

Changed: 01/17/2023

Mailing Address

1317 Edgewater Dr
 Suite #1119
 Orlando, FL 32804

Changed: 01/17/2023

Registered Agent Name & Address

MCCLAIN, MONTRICE N
 1811 NW 69 STREET
 MIAMI, FL 33147

Authorized Person(s) Detail

Name & Address

Title MGR

MCCLAIN, MONTRICE N
 1811 NW 69 STREET
 MIAMI, FL 33147

Annual Reports

Report Year	Filed Date
-------------	------------

2021	04/25/2021
2022	04/30/2022
2023	01/17/2023

Document Images

01/17/2023 -- ANNUAL REPORT	View image in PDF format
04/30/2022 -- ANNUAL REPORT	View image in PDF format
04/25/2021 -- ANNUAL REPORT	View image in PDF format
11/16/2020 -- Florida Limited Liability	View image in PDF format



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company
MCCLAIN SIGNATURE SERVICES LLC

Filing Information

Document Number	L20000361443
FEI/EIN Number	85-4098313
Date Filed	11/16/2020
Effective Date	11/14/2020
State	FL
Status	ACTIVE

Principal Address

1317 Edgewater Dr
Suite #1119
Orlando, FL 32804

Changed: 01/17/2023

Mailing Address

1317 Edgewater Dr
Suite #1119
Orlando, FL 32804

Changed: 01/17/2023

Registered Agent Name & Address

MCCLAIN, MONTRICE N
1811 NW 69 STREET
MIAMI, FL 33147

Authorized Person(s) Detail

Name & Address

Title MGR

MCCLAIN, MONTRICE N
1811 NW 69 STREET
MIAMI, FL 33147

Annual Reports

Report Year	Filed Date
-------------	------------

2021	04/25/2021
2022	04/30/2022
2023	01/17/2023

Document Images

<u>01/17/2023 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/30/2022 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/25/2021 -- ANNUAL REPORT</u>	View image in PDF format
<u>11/16/2020 -- Florida Limited Liability</u>	View image in PDF format

EXHIBIT C

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G21000160923

Fictitious Name to be Registered: SIGNATURE DISPATCHING

Mailing Address of Business: 1811 NW 69TH ST
MIAMI, FL 33147

Florida County of Principal Place of Business: MULTIPLE

FEI Number:

FILED
Dec 05, 2021
Secretary of State

Owner(s) of Fictitious Name:

MCCLAIN SIGNATURE SERVICES LLC
1811 NW 69TH ST
MIAMI, FL 33147 US
Florida Document Number: L20000361443
FEI Number: 85-4098313

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

MONTRICE MCCLAIN

Electronic Signature(s)

12/05/2021

Date

Certificate of Status Requested (X)

Certified Copy Requested ()



[Previous on List](#) [Next on List](#) [Return to List](#)

Fictitious Name Search

No Filing History

Fictitious Name Detail

Fictitious Name

SIGNATURE DISPATCHING

Filing Information

Registration Number G21000160923
Status ACTIVE
Filed Date 12/05/2021
Expiration Date 12/31/2026
Current Owners 1
County MULTIPLE
Total Pages 1
Events Filed NONE
FEI/EIN Number NONE

Mailing Address

1811 NW 69TH ST
MIAMI, FL 33147

Owner Information

MCCLAIN SIGNATURE SERVICES LLC
1811 NW 69TH ST
MIAMI, FL 33147
FEI/EIN Number: 85-4098313
Document Number: L20000361443

Document Images

12/05/2021 -- Fictitious Name Filing

[Previous on List](#) [Next on List](#) [Return to List](#)

Fictitious Name Search

No Filing History

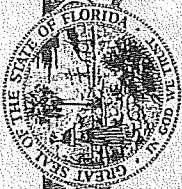
EXHIBIT D

Commission Detail

Notary ID: 1591840
Last Name: MCCLAIN
First Name: MONTRICE
Middle Name:
Birth Date: 3/12/XX
Transaction Type: NEW
Certificate: GG 919651
Status: ACT
Issue Date: 10/07/19
Expire Date: 10/06/23
Bonding Agency: Florida Notary Online, LLC
Mailing Address: MIAMI, FL 33147

[\[Department of State\]](#) [\[Notary Public Access System\]](#) [\[Email Us\]](#)

Florida Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314
Phone (850) 245-6975



COMMISSION NO.
GG 919651

NOTARY I.D. NO.
1591840

STATE OF FLORIDA

Executive Department

I, Ron DeSantis, Governor of Florida, by virtue of the authority vested in me by the Constitution and Laws of this State, do hereby commission

MONTRICE MCCLAIN

to be

NOTARY PUBLIC

in and for the State of Florida from October 7, 2019 through October 6, 2023 and in the Name of the People of the State of Florida to have, hold and exercise the said office and all the powers and responsibilities appertaining thereto, and to receive the privileges and emoluments thereof in accordance with the law,

In Testimony Whereof, I do hereunto set my hand and cause to be affixed the Great Seal of the State, Tallahassee, Florida.

Governor

Secretary of State FLNOTARYOLIN



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State
Notary Commissions and Certifications Section (850) 245-6975

PERSONAL INFORMATION

Full Name: McClain Montrice Nichole
Home Address: 1811 NW 69 Street Miami FL Miami-Dade 33147
Place of Employment: City of Miami Beach
Business Address: 1700 Convention Center Drive Miami Beach FL Miami-Dade 33139
Mail to: [X] Home [] Business [] Other Address:
E-mail Address: tricemk@gmail.com Sex: [] Male [X] Female Race: [] Asian [X] Black or African American
Home Phone: 305-988-6584
Business Phone: None Extension:
Florida Driver License (or other State of Florida Issued ID): Date of I
Social Security Num:

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

- 1. Are you a legal resident of Florida? [X] Yes [] No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
- 2. Are you a United States citizen? [X] Yes [] No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
- 3. Are you now or have you ever been commissioned a Notary Public in the State of Florida? [] Yes [X] No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50 (11)(b).)

If Yes: / / (Commission expiration date) (Commission number) (Name for which your commission was issued)

- 4. Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? [X] Yes [] No
If yes, please list: Water Distribution Operator 3
Have any been revoked? [] Yes [X] No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
- 5. Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? [] Yes [X] No
(If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final Order from the regulating agency.)
- 6. Have you been convicted of a felony, had an adjudication of guilt withheld for a felony offense? [] Yes [X] No
(If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
- 7. Are you currently on probation? [] Yes [X] No

AFFIDAVIT OF CHARACTER

STATE OF Florida Miami-Dade COUNTY

I, Lys Desir Jr am unrelated to and have known Montrice McClain
(Print or Type Name of Affiant) (Name of Applicant)
for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is 20525 NW 33 Ct Miami Gardens, FL Miami-Dade 33056
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: 786-256-1070 Work Phone: None X
(or write "NONE") (or write "NONE") (Signature of Affiant)

OATH OF OFFICE

Miami-Dade COUNTY

STATE OF FLORIDA

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God.*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

X _____
(Official Signature of Applicant)

09 / 25 / 2019
(Date)

Montrice McClain
(Print or Type Name - Name for which your commission will be issued)

*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071(5)(a)5) should be excluded from inspection under Public Records Law.

If Yes, please indicate what section of Florida Statutes provides this exemption in your particular situation:

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL:

Office of the Attorney General
The Capitol, PL-01
Tallahassee, FL 32399
(850) 245-0158

###

STATE OF FLORIDA
BOND OF NOTARY PUBLIC

FOR OFFICE USE ONLY
Approved by Department of State:

Secretary of State
Notary Commissions

STATE OF FLORIDA

Bond No. FNO7002534

KNOW ALL MEN BY THESE PRESENTS, That we,

Montrice McClain as Principal, and
(Name of Applicant)

RLI Insurance Company (309) 692-1000
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of

Seven Thousand Five Hundred and No/100's Dollars (\$ 7,500.00)
as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

X
(Signature of Applicant)

Signed and sealed this 25 day of September, 2019.

B. W. Davis

Barton W. Davis Attorney in Fact



(Affix Surety Seal)

RLI Insurance Company
(Name of Surety Company)
P.O. Box 3967
Peoria, IL 61612
(Address of Surety Company)

Florida Notary Online, LLC
(Name of Bonding Agency or Company)
59 Skyline Drive, Suite 1550
Lake Mary, FL 32746
(Address of Bonding Agency or Company)

By X
(Signature of Florida Licensed Agent)

P117350
(Florida Licensed Agent Number)

Daniel O'Donnell
(Printed name of Florida Licensed Agent)

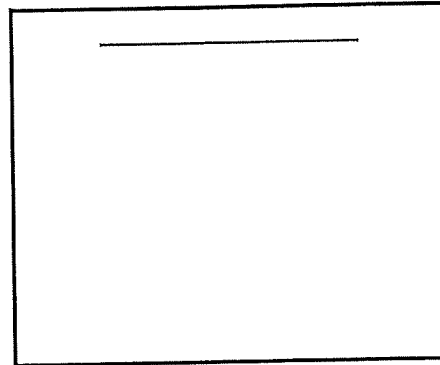
Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand Five Hundred and No/100's Dollars (\$ 7,500.00).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.

STATE OF FLORIDA BOND OF
NOTARY PUBLIC OR
ONLINE NOTARY PUBLIC

Secretary of State
Notary Commissions
Form: DOC IN-7, R. IN-7.001, F.A.C, effective 01/2020

FOR OFFICE USE ONLY
Approved by Department of State:



STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we;

Montrice McClain as Principal, and
(Name of Registrant)
Merchants Bonding Company (Mutual) 515-243-8171
(Imprint name of Surety Company) (Telephone Number)

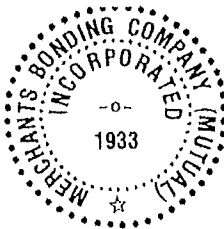
as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7500 for acts performed in the capacity of a Notary Public pursuant to section 117.01(7)(a), Florida Statutes.

Applicant was, on the date of issuance of Notary Public commission, bonded in and for the State of Florida as a Notary Public of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of a Notary Public or Online Notary Public, as prescribed by law, then *this* obligation shall be void.

By: _____
(Signature of Registrant)

Signed and sealed the 13th day of August 2020



Merchants Bonding Company (Mutual)
(Name of Surety Company)
6700 Westown Parkway, West Des Moines, IA 50266-7754
(Address of Surety Company)
National Notary Association
(Name of Bonding Agency or Company)
9350 De Soto Avenue, PO Box 2402, Chatsworth, CA 91313-2402
(Address of Bonding Agency or Company)
By: Mary Elizabeth Erba
(Signature of Florida Licensed Agent)
License #P155576
(Florida Licensed Agent Number)
Mary Elizabeth Erba
(Printed name of Florida Licensed Agent)

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Twenty-Five Thousand Dollars (\$25,000).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.

MERCHANTS
BONDING COMPANY™

MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IA 50306-3498
PHONE: (800) 876-6827 FAX: (800) 833-1211

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No. FL5252674
Premium: \$65.00

COVERAGE: MERCHANTS BONDING COMPANY (MUTUAL) ("the Company") will pay on behalf of
MONTRICE MCCLAIN of MIAMI, FL

("the Insured"), all sums, subject to the Limit of Liability stated below, which the Insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public. The Company will also pay on behalf of the Insured, subject to the Limit of Liability stated below, costs and expenses incurred in investigating, defending or settling the Insured's liability arising from any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the policy period and then only if claim, suit or other action arising therefrom is commenced within the applicable statute of limitations pertaining to the Insured. The Policy Period commences on the Effective Date hereof and terminates upon the Expiration Date hereof.

LIMIT OF LIABILITY: The liability of the Company shall not exceed in the aggregate for all claims, costs and expenses under this policy the amount of Twenty Five Thousand (\$25,000.00) Dollars.
(NOT VALID IF FILLED IN FOR MORE THAN \$100,000)

THIS LIMIT OF LIABILITY INCLUDES COSTS AND EXPENSES INCURRED IN INVESTIGATING, DEFENDING OR SETTLING LIABILITY. ONCE THE LIMIT OF LIABILITY STATED ABOVE HAS BEEN PAID, WHETHER BY SETTLEMENT OF A CLAIM OR CLAIMS, OR BY PAYMENT OF COSTS AND EXPENSES, THE COMPANY IS RELIEVED OF ANY FURTHER DUTY TO DEFEND OR INDEMNIFY THE INSURED UNDER THIS POLICY.

SETTLEMENT: The Company, in the Insured's name and behalf, shall have the exclusive right to make any settlement of any claim, suit, or other action, as the Company deems expedient.

CONDITIONS PRECEDENT: As a condition precedent to the right of indemnification or defense hereunder, the Insured shall mail or deliver to the Company within ten (10) days after notice or knowledge of a claim or possible claim against the Insured copies of any written notice thereof and a complete description of the facts and circumstances alleged to give rise to such claim. Bankruptcy or insolvency of the Insured shall not release the Company or its liability hereunder.

EXCLUSIONS: Coverage under this policy as described in the COVERAGE section of the policy above does not apply to any acts of or allegations of (i) dishonest, fraudulent, criminal, libelous, slanderous or malicious act or omission of the Insured; (ii) willful or intentional disregard of the law; (iii) bodily injury to, or sickness, disease or death of any person, including but not limited to, emotional or mental distress and related conditions; (iv) injury to or destruction of any tangible property, including the loss of use thereof; (v) fines or penalties imposed by law on the Insured; or (vi) punitive, treble, exemplary or similarly categorized damages, including fines and penalties.

CO-INSURANCE: If the Insured has other insurance against a loss covered by this policy, the Company shall not be liable under this policy for a greater proportion of such loss than the limit of liability stated in this policy bears to the limit of liability of all other insurance against such loss.

SUBROGATION: In the event of any payment for any loss under this insurance, the Company shall be subrogated to all of the Insured's rights of recovery thereafter against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights to the Company. The Insured shall do nothing after loss to prejudice such rights.

CANCELLATION: This policy may be cancelled by the Insured by surrender hereof to the Company or any of its authorized agents or by mailing to the Company written notice stating when thereafter the cancellation shall be effective. If this policy has been in effect for less than 90 days, we may cancel this policy for nonpayment of premium by giving 10 days advance written notice, or we may cancel for any other reason by giving 60 days advance written notice. If this policy has been in effect for 90 days or more, we may cancel only for one or more of the following reasons: (a) nonpayment of premium; (b) material misrepresentation on the application; (c) failure to comply with underwriting requirements within 90 days of the policy's effective date; (d) substantial change in the risk; or (e) if the Company is canceling all insureds under such policies. If this policy is being cancelled for reason (a) above, we will provide written notice to the Insured at least 10 days before the effective date of cancellation. If this policy is being cancelled for reasons (b) through (e) above, we will provide written notice to the Insured at least 60 days before the effective date of cancellation. If this policy is not to be renewed we will provide at least 60 days advance written notice of nonrenewal. The specific reason(s) for cancellation or nonrenewal shall be stated on all notices.

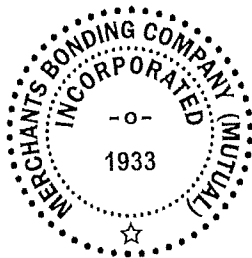
The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the Insured or by the Company shall be equivalent to mailing. The time of surrender or the effective date and hour of cancellation stated in the notice shall become the end of the policy period. If the Insured cancels, the premium shall be fully earned. If the Company cancels, return premium shall be computed pro rata.

EFFECTIVE DATE: 12:01 AM May 30, 2020 EXPIRATION DATE: 12:01 AM May 30, 2024

Countersigned By:

Christian Sturdivant

CHRISTIAN STURDIVANT



MERCHANTS BONDING COMPANY (Mutual)

By

Larry Taylor

Larry Taylor, President

Amendments or Endorsements to this policy. _____

EXHIBIT E

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000441580

Entity Name: ALLSTAR TRANSPORTATION SERVICES LLC

Current Principal Place of Business:

4946 ATWATER DRIVE
NORTH PORT, FL 34288

Current Mailing Address:

4946 ATWATER DRIVE
NORTH PORT, FL 34288

FEI Number: 87-3035090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMS, EMANUEL O
4946 ATWATER DRIVE
NORTH PORT, FL 34288 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name SIMS, EMANUEL O
Address 4946 ATWATER DRIVE
City-State-Zip: NORTH PORT FL 34288

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EMANUEL O SIMS

OWNER

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L21000441580
FILED 8:00 AM
October 08, 2021
Sec. Of State
jsdennis

Article I

The name of the Limited Liability Company is:
ALLSTAR TRANSPORTATION SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4946 ATWATER DRIVE
NORTH PORT, FL. US 34288

The mailing address of the Limited Liability Company is:
4946 ATWATER DRIVE
NORTH PORT, FL. 34288

Article III

The name and Florida street address of the registered agent is:
EMANUEL O SIMS
4946 ATWATER DRIVE
NORTH PORT, FL. 34288

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: EMANUEL SIMS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
EMANUEL O SIMS
4946 ATWATER DRIVE
NORTH PORT, FL. 34288

L21000441580
FILED 8:00 AM
October 08, 2021
Sec. Of State
jsdennis

Article V

The effective date for this Limited Liability Company shall be:

10/08/2021

Signature of member or an authorized representative

Electronic Signature: EMANUEL SIMS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
ALLSTAR TRANSPORTATION SERVICES LLC

Filing Information

Document Number L21000441580
FEI/EIN Number 87-3035090
Date Filed 10/08/2021
Effective Date 10/08/2021
State FL
Status ACTIVE

Principal Address

4946 ATWATER DRIVE
NORTH PORT, FL 34288

Mailing Address

4946 ATWATER DRIVE
NORTH PORT, FL 34288

Registered Agent Name & Address

SIMS, EMANUEL O
4946 ATWATER DRIVE
NORTH PORT, FL 34288

Authorized Person(s) Detail

Name & Address

Title MGR

SIMS, EMANUEL O
4946 ATWATER DRIVE
NORTH PORT, FL 34288

Annual Reports

Report Year	Filed Date
2022	04/30/2022

Document Images

[04/30/2022 -- ANNUAL REPORT](#) [View image in PDF format](#)

[10/08/2021 -- Florida Limited Liability](#) [View image in PDF format](#)

Florida Department of State, Division of Corporations

EXHIBIT F

Open v

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Date 11/14/22 BILL OF LADING - SHORT FORM - NOT NEGOTIABLE Page 1 of 1

SHIP FROM
 CHAMPION TRAILERS SALES, INC. PHONE: 813-820-8116
 6300 E ADAMO DR
 TAMPA FL 33619

SHIP TO
 KING OCEAN C/O SUN TERMINALS PHONE: 889-999-8999
 4910 WIGHTCUSH RD
 FORT LAUDERDALE FL 33316

THIRD PARTY FREIGHT CHARGES BILL TO
 J.B. Hunt Transport, Inc. J B Hunt Load Number: 1AE3794
 P.O. Box 682
 Lowell, AR 72745

Special Instructions:

Carrier Name: ALLSTAR TRANSPORTATION SERVICE

Bill of Lading Number: 1AE3794

Trailer Number:

Serial Number(s):

SCAC: A1CE

Pro Number:

Freight Charge Terms (Freight charges are prepaid unless marked otherwise):
 Prepaid Collect 3rd Party

Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Ship (circle one)	Additional Shipper Information
Bill of Lading Number: 1AE3794	0	4200.0	Y N Y N	SHIPID 576279
Grand Total	0	4200.0		

CARRIER INFORMATION

Qty	Type	L	W	H	Weight	HM (X)	Commodity Description	Stack	HMFC No.	Class
0	PIECES				4200		TRAILER			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding per

COD Amount: \$ Fee terms: Collect Prepaid Customer check acceptable

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).

Rate will, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.

Shipper Signature/Date [Signature] 11-14-22

Trailer Loaded: By shipper By driver

Freight Counted: By shipper By driver/pallets said to contain By driver/pieces

Carrier Signature/Pickup Date [Signature] 11-14-22
Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information was made available and/or carrier has the ERT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Interport Logistics, LLC

12950 NW 25 Street
FMC D183R1NF, Miami, FL 33182 United States. Tel: 305-477-1910. Fax: 305-477-8776

DELIVERY ORDER

Date	Nov/07/2022	File Number	INTGR-730773
Flight/Voyage	Nov/07/22	Destination	G
Way-Bill Number		Prepared By	G
Pickup Location	CHAMPION TRAILER SALE 6300 E Adamo Drive Tampa, FL 33619 United States	View PDF controls	

Open

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Exhibit N



16 Office Park Circle, Ste 18
Mountain Brook, AL 35223
Docket: MC980321

Phone: Keaton: 205-210-1821 Cole: 205-523-3656 Harper: 205-310-6613
Fax: 205-248-7807

LOAD CONFIRMATION

Load # 32038
Date 10/12/2022
Equipment Flatbed
Weight 6000 lbs
Commodity Boxes of machine equipment
Distance 557 miles

Carrier Information

ALLSTAR TRANSPORTATION SERVICES LLC 4946 Atwater Dr North Port FL 34288 305-988-6627	MC Number MC1325615 Primary Contact Phone Fax	MC1325615 <i>Contact not set</i>	Driver <i>Driver not set</i> Phone Email Fax
--	--	--	---

Notes and References

Notes no tarp

Steps / Actions

#	Action	Date/Time	Location	Contact
1	Pickup	10/12/22 07:00 - 16:00	Clay Coce 418 Wellston Circle Walterboro, SC 29488	Phone:
References: pu for Source Consulting Bennett Harford Abaco Group Miami FL				
2	Delivery	10/13/22 07:00 - 15:00	Source Consulting 1800 NW 129th Ave suite 115 Miami, FL 33182 USA	Phone:

Pay Items

Description	Notes	Quantity	Rate	Amount
Misc.		1	1300.00	1300.00
Total				1300.00

1. Broker does not allow carrier to trip lease, subcontract or double broker the tendered freight.
2. These documents must be completed and received in order for carrier's invoice to be processed: signed contract, certificate of insurance listing the broker as certificate holder, W9, carrier's authority.
3. Carrier will be responsible for any monetary fines, penalties or damages that result from: a) failure to communicate delays, b) late deliveries c) failing to secure cargo properly
4. Detention, layover and/or truck order not used charges are paid to the carrier when broker collects these charges.
5. Carrier warrants that it is duly and legally qualified to provide the transportation services contemplated herein and that it holds liability insurance of at least \$1,000,000 and cargo insurance of at least \$100,000 unless under contract for a different amount.

Payment/Billing: Send ALL pages of the legible BOL and your invoice to billing@capstonetransportation.com

Phone #: (256)226-3587

Emanuel Sims 239-841-7355
 Driver Name Driver Cell Phone #

 Emanuel Sims 10/12/22
 Print Name Signature Date

Open

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Pro # 556216
Page 1 of 1

Rate Confirmation
office@expresslogistics.net
EXPRESS LOGISTICS
540 BARLEY LANE
WINCHESTER, VA 22602

10:35 am, 02/30/2022 Phone: Fax: (540)-535-1056 Phone2: (540)-535-1055

To: **ALLSTAR TRANSPORTATION** MC #: 1325615 Please Refer To This # On Invoice: 556216
EMANUAL SIMS
(239)-841-7355 FAX: () - -

Special Instructions:
No Tarp

5'-6" Wide Load = Permit required

FLAT: \$750.00
Net Pay: \$750.00

1	Pick-up	Phone	Pickup #/PO #	Pallets	Pcs	Wgt	Date	Time
	FACILITY PANEL TRUSS 431 FARMER RD TOWNVILLE, SC 29569	(864)397-7021	M1025 - 3 Wide Roof Trusses			2000	02/30/2022	9:00-4:00
	Description:							BOL
2	Drop-Off	Phone	Pickup #/PO #	Pallets	Pcs	Wgt	Date	Time
	FACILITY GATEWAY @ ROSSVILLE 2439 HAPPY VALLEY ROAD ROSSVILLE, GA 30741	(404)307-7166					02/30/2022	7:30-3:30 FCF5
	Description:							BOL

1) PLEASE REFER TO "PRO NO" ON BILLING. 2) DO NOT SEND YOUR TRUCK TO LOAD BEFORE THIS IS SIGNED AND FAXED BACK. 3) ALL DRIVERS MUST CALL WHEN LOADED & EMPTY OR \$50 FINE WILL BE IMPOSED. 4) CARRIER AGREES TO PERFORM TRANSPORT SERVICES FOR EXPRESS LOGISTICS. CARRIER AGREES AND UNDERSTANDS THAT THIS CONTRACT IS NOT A "TRIP LEASE" AND THAT CARRIER IS AN "INDEPENDENT CONTRACTOR" WITH ITS OWN ICC OPERATING AUTHORITY. CARRIER UNDERSTANDS THAT ALL TOLLS, PERMITS, COD FEES AND TAXES ARE ITS SOLE RESPONSIBILITY. CARRIER AGREES THAT IT MAINTAINS ITS OWN CURRENT CARGO LIABILITY AND COMP INSURANCE. AN ORIGINAL CERTIFICATE OF INS. NAMING EXPRESS LOGISTICS AS A CERT. HOLDER, A COPY OF ICC AUTH. AND THIS CONTRACT MUST BE ON FILE BEFORE PAYMENT DATE. 5) CARRIER AGREES TO OBTAIN A SIGNED RECEIPT FROM THE RECEIVER INDICATING PRODUCT AND QUANTITY DELIVERED, AS WELL AS DATE RECEIVED. THIS SIGNED RECEIPT SHALL ACCOMPANY ALL INVOICES SUBMITTED TO EXPRESS LOGISTICS. 6) CARRIER MUST NOTIFY EXPRESS LOGISTICS IMMEDIATELY OF ALL PROBLEMS INCURRED IN TRANSIT SUCH AS FREIGHT DAMAGE, LOSS, REJECTION BY CONSIGNEE, INABILITY TO DELIVER ON STATED TIME OR DATE, INABILITY TO DELIVER IN A REASONABLE TIME, OR ANY OTHER MATTERS WHICH MAY AFFECT TRANSPORTATION OR DELIVERY OF GOODS. 7) CARRIER MUST NOTIFY EXPRESS LOGISTICS WITHIN 30 MINUTES OF ANY DELAY IN LOADING OR UNLOADING THAT FALLS BEYOND GIVEN TWO HOURS. PAPERWORK MUST ALSO BE DATED, TINED AND SIGNED BY SHIPPER OR RECEIVER. FAILURE TO DO THESE WILL RESULT IN NON-PAYMENT OF BILLED DETENTION TIME. 8) EXPRESS LOGISTICS WILL NOT BE LIABLE FOR FULL AMOUNT OF LOAD IF LOAD IS CANCELLED BY THE SHIPPER. CARRIER AGREES THAT LOADS CANCELLED BY THE SHIPPER PRIOR TO VEHICLE ARRIVAL FOR LOADING WILL NOT BE PAID AND THAT LOADS CANCELLED BY THE SHIPPER AFTER VEHICLE ARRIVAL FOR LOADING WILL BE PAID ACCORDING TO AGREEMENT WITH SHIPPER FOR TRUCK ORDERED NOT USED. 9) PROOF OF DELIVERY & INVOICE MUST BE RECEIVED WITHIN 30 DAYS OF DELIVERY. 10) DRIVERS ARE RESPONSIBLE FOR WEIGHING THEIR LOAD. ASK SHIPPER FOR LOCATION DIRECTIONS TO NEAREST SCALE IF NONE ARE ON LOADING SITE. 11) TARPED LOADS MUST REMAIN TARPED UNTIL INSTRUCTED BY RECEIVER TO UNTARP. NO EXCEPTIONS!!! 12) DETENTION TIME IS NOT PAID UNTIL THE CUSTOMER PAYS US. 13) IT IS THE CARRIERS JOB TO PROVIDE THE BOL/POD AND IF THEY FAIL TO DO SO AND WE HAVE TO GO TO THE CUSTOMER OR CONSIGNEE TO GET A COPY OF THE PAPERWORK THERE WILL BE A \$50.00 CHARGE FOR US DOING SO.

Special: NO TARP Commodity: WOOD ROOF TRUSSE Equipment: HOT SHOT 40 Temperature:	Truck #: 1 Trailer #: 1 Driver: Emanuel Sims Cell #: 239-841-7355	Customs Brk: Phone Fax: HazMat: False
---	--	--

Signature: Emanuel Sims Title: Owner
Name: Emanuel Sims Date: 02 / 30 / 2022

Please sign and fax back to: (540)-535-1055
Click Ref: ALLSTAR TRANSPORTATION Broker Sig: SCOTT SMITH
SERVICE LLC - 1325615

Open ▾

Share

Copy link

Download

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✕

Carrier Profile Sheet

Carrier Name: Allstar Transportation Services LLC DATE 8/30/2022

Mailing Address: 4946 Atwater Dr

City, State & Zip: North Port, FL 34288

Physical Address: Same as Above

City, State & Zip: Same as Above

Contact Name: Emanuel Sims Phone: 239-841-7355

Carrier email address: contact@allstar-trans.com

Fax: _____ MC# 1325615 Fed ID# 87-3035090

Factoring: YES / NO

Factoring Company Information: Bobtail PO Box 7410639
Chicago, IL 60674-0633
ach@bobtail.com

Fleet Information: Tractors _____ Vans _____ Flats Steps _____ Reefers _____

Insurance Agent: Reliance Partners Phone 1-877-868-1764 Fax: _____

MS

Express Logistics, LLC

540 Barley Lane, Winchester, VA 22602



View PDF controls

email scottsimon1764@gmail.com

Open v

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Date 11/14/22 BILL OF LADING - SHORT FORM - NOT NEGOTIABLE Page 1 of 1

SHIP FROM
 CHAMPION TRAILERS SALES, INC. PHONE 813-826-8116
 6300 E ADAMO DR
 TAMPA FL 33619

SHIP TO
 KING OCEAN CO SUN TERMINALS PHONE 569-599-5299
 4810 MCINTOSH RD
 FORT LAUDERDALE FL 33316

THIRD PARTY FREIGHT CHARGES BILL TO
 J.B. Hunt Transport, Inc. 1B Hunt Load Number: 1AE3794
 P.O. Box 682
 Lowell, AR 72745

SHIP INFORMATION
 Bill of Lading Number: 1AE3794
 Carrier Name: ALLSTAR TRANSPORTATION SERVICE
 Trailer Number:
 Serial Number(s):
 SCAC: A1CE
 Pro Number:
 Freight Charge Terms (freight charges are prepaid unless marked otherwise):
 Prepaid Collect 3rd Party
 Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
Bill of Lading Number: 1AE3794	0	4200.0	Y N Y N	SHIPID 576279
Grand Total	0	4200.0		

CARRIER INFORMATION

Handling Unit	Qty	Type	L	W	H	Weight	HM (X)	Commodity Description	Stack	HMFC No.	Class
	0	PIECES				4200		TRAILER			

When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____".

COD Amount: \$
 Fee terms: Collect Prepaid Customer check acceptable

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 5 14706(c)(1)(A) and (B).

Rate and subject to individually determined rules or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise in the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.

Shipper Signature/Date
[Signature] 11-14-22
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:
 By shipper
 By driver

Freight Counted:
 By shipper
 By driver/pallets said to contain
 By driver/pieces

Carrier Signature/Pickup Date
[Signature] 11-14-22
 Carrier acknowledges receipt of packages and required documents. Carrier notifies emergency response information via made available and/or transmits the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Interport Logistics, LLC
 12950 NW 25 Street
 FMC 016381NF, Miami, FL 33162 United States. Tel: 305-477-1910, Fax: 305-477-6776

DELIVERY ORDER

Flight/Voyage Nov/07/22	Way Bill Number	Date Nov/07/2022	Trail Number INTGR-730773
Pickup Location CHAMPION TRAILER SALE 6300 E Adamo Drive Tampa, FL 33619 United States	View PDF controls	Destination:	Prepared By G

EXHIBIT M



CARRIER RATE CONFIRMATION

MCL PO # 1467838

DRY

BROKER: Rick Gallagher

9103320820 X 1308

teamgallagher@megacorplogistics.com

Date: 11/15/22 10:21AM

Load Information

PICKUP DATE: 11/17/2022 TIME: 08:00
 DELIVERY DATE: 11/17/2022 TIME: 14:00
 TRAILER TYPE: Hotshot
 TRAILER SIZE: 40FT
 MILES: 199.71
 WEIGHT: 8000

RATE		
Amount	Description	Total
\$650.00	Flat	\$650.00
		\$650.00

Load Products

Name
Construction

Advances

Type	Issued	Amount

Carrier Information

Carrier: **ALLSTAR TRANSPORTATION SERVICES LLC** Phone: Fax:
 Driver 1: Emmanuel Driver Cell: 2398417355
 Driver 2: Driver Cell:
 Dispatcher: Montrice Phone: 3059886627 Email:

STOPS

ID	Type	Sched Date & Time	Notes	Shed, Address	City, State, Zip	PU#	Products
1	Pick	11/17/2022 08:00		JMH Marine (AccuDock), 1790 SW 13th Ct	Pompano Beach, FL 33069-___		
1	Drop	11/17/2022 14:00		Kennedy Space Center (KSC) Badging Office, Stated Rd 405	Merritt Island, FL 32899		

Special Instructions

Please have 6 or more straps for this load

*****DO NOT BREAK SEAL*****

This rate confirmation is an agreement between MegaCorp Logistics and carrier hired to haul the stated Load at the indicated rate. This load is not to be dispatched or double brokered. **All accessorial charges must have prior authorization.** Carrier must notify broker 1 hour before detention begins to accrue. Detention is on a per load basis and the carrier must get the agreed amount in writing. Truck ordered not used (TONU) fees will not be paid unless the driver has been dispatched by a MegaCorp Account manager. Any additional charges must appear on a revised rate confirmation sheet. This load/rate confirmation is inclusive of all charges and supersedes any tariff and/or any schedule of rates of Carrier. Carrier's use of pro-stickers or any other shipping document showing rates shall be void.

***Carrier or its agent certifies that any TRU Equipment furnished will be in compliance with in-use requirements of California's TRU regulations. (has to do with air resources/regulations)

TERMS AND CONDITIONS

1. This load/rate confirmation is incorporated by reference into the Broker/Carrier Agreement and any revisions between the parties.
2. Drivers assigned to deliver the freight must have sufficient hours of service to comply with applicable FMCSA hours of service regulations.
3. All drivers are required to check call everyday (including Sat. Sun. and Holidays) between 8:00 AM and 9:00 AM eastern time.
4. Seals should be noted and signed on BOLs. When load is sealed, the driver/carrier cannot break any seal, or there will be a claim charged to the carrier. Driver must have a minimum of 2 load locks to secure the load. After hours, drivers are required to inspect load before truck is legally sealed. Do NOT break seal.
5. Trucker Tools and/or Fourkites GPS Tracking is a requirement for all carriers.
6. Carrier/driver is responsible for loading properly. The load must be secured prior to leaving the facility. All issues should be noted on the BOLs. If BOLs state overages, shortages, or damages, do not leave the receiver without calling MegaCorp. Carrier will be responsible for any OS&Ds not reported. Contact MegaCorp immediately if any concerns.
7. In-order to satisfy the specifications of the shipper, consignee, or beneficial owner of the freight any information supplied by the broker verbally or in writing may include but is not limited to routes, pick-up and delivery times, dates, special freight handling requirements such as bracing and blocking, dimensions, and weight.
8. The carrier assumes full responsibility for the means and manner of loading with securing the freight and the conduct and performance of its driver. In the event a shipper denies carrier access to the loading process or observation of process the bill of lading shall be marked (SLC) shipper load and count. Only in this event the carrier shall not be liable for any cargo damage that resulted in improper loading by the shipper.
9. All drivers are subject to direction, control, and supervision of carrier/dispatcher and not the Broker.
10. Once a load is delivered in full, the carrier is responsible for immediately supplying the broker with the receiver signed BOLs.
11. As a matter of due diligence, if any vehicle being used by Carrier is not 100% wholly owned, upon request by Broker and prior to transporting any freight hereunder, Carrier will furnish a copy of the lease agreement or rental agreement between both parties, the last four digits of the truck's vehicle identification number, as well as proof of insurance for said truck.
12. By signing this load/rate confirmation agreement (and/or transporting the shipment, even if it is not signed), the rate price above shall be final.
13. All carriers hauling produce commodities must pulp product if shipper allows driver to do so. If any temperature differentials of **plus (+) 2** degree or minus (-) 2 degrees, the driver must report the temperature immediately to a MegaCorp broker. (all reefer loads must have a downloadable trailer)

FUEL INFORMATION

1. Advances are limited to 40% of the line haul rate, not to exceed \$3000 and no more than \$1000 per 24-hour period.
2. A fee of \$25.00 for all fuel advances will be deducted from your invoice for each fuel advance.

ACCOUNTING INFORMATION

1. A fee of \$7.50 per pallet will be charged on loads that the carrier is responsible to supply pallets for exchange, and they do not.
2. If a lump sum fee is added to the rate sheet it is only an **estimate** and is not **IN ADDITION** to the flat rate.
3. A restack will need prior approval from the broker and pictures provided immediately. If procedure is not followed, carrier may risk restack fee not being reimbursed.
4. All quick pay fees are subject to change at any time without prior notification. If you are quick pay options in your set-up packet and are currently set-up as a quick pay carrier, email your paperwork to quickpay@megacorplogistics.com or fax it to 859-538-3281.

5. To process a normal payment (30 days), the paperwork including your **invoice, BOLs** and any **accessorial fees** related to the load needs to be submitted within **2 weeks** unless otherwise noted under Special Instructions. The BOLs must be legible and full pages. If an advance for unloading is issued and the receipt/receipts are not provided with your invoice and BOLs this will result in a short payment. Email your paperwork to ap@megacorplogistics.com in PDF format or fax it to 859.538.1673
6. If original BOLs are required, please mail paperwork to MegaCorp Logistics, PO Box 1050, Wrightsville Beach, NC 28480. Physical address for overnight delivery, 1011 Ashes Drive, Wilmington, NC 28401.
7. If you do not have access to email documents, they may be sent to Transflo. Transflo is available at most major truck stops. A convenience fee of \$3.00 will be deducted from your final payment for each instance that Transflo is used within each load. Please use our code, "MGPG" to send documents using Transflo.
8. As a courtesy we have auto generated emails that will inform you if paperwork is missing and we also have a web portal that you can access to view your loads and the paperwork on file. You can upload to our web portal any missing paperwork. **Close out date is 30 days.** <https://megaweblite.megacorplogistics.com/Account/RequestCarrierAccess>.

***Please sign and return by email or fax (859) 538-3347 a copy of this rate confirmation to MegaCorp Logistics, LLC indicating your agreement with these terms. If not returned by the time the freight is pickup, you agree to be bound by these terms.

****IMMEDIATELY FAX A COPY OF THIS SIGNED CONFIRMATION TO (859) 538-3331****

Rick Gallagher

MCL REPRESENTATIVE SIGNATURE

Emanuel Sims

CARRIER REPRESENTATIVE SIGNATURE

"Our goal at MegaCorp is to be your #1 Broker. We want you to have the best experience and we would like you to consider reloading with us. If you have any questions or concerns, please contact our Carrier Services Department at carrier.services@megacorplogistics.com or 910.332.0820 ext. 1234.

EXHIBIT K

Permits Information Management System (PIMS) Online User Account Application Form

A logon account is required to access PIMS online. The ARPS logon account will not work with PIMS.

A PIMS customer # is required to access PIMS online. If you do not have a PIMS customer #, call the permit unit at (919) 814-3700 to get a customer #.

Company	Allstar Transportation Services LLC	PIMS Customer #	
Address	4946 Atwater Drive	Email Address	contact@allstar-trans.com
City	North Port	Phone #	305-988-6627
State	Florida		
Zip Code	34288		

Logon accounts are associated with exactly one company. If a person submits applications for more than one company, they must have a separate logon account for each company, and each logon account must have a unique email address. Sharing of account information may result in loss of online privileges.

Submit the following information for each logon account. Please write legibly and ensure the email address is accurate, as all correspondence regarding the account will go to that email address.

Applications will NOT be accepted in person or by phone, and will be processed on a first come, first served basis.

If the email address is incorrect or not legible, NCDOT will be unable to respond to you.

First Name *	Last Name *	MI	Email Address *
Emanuel	Sims		contact@allstar-trans.com

* required information

Return this completed form to the Oversize Overweight Permit Unit via USPS:

750 N Greenfield Parkway, Garner, NC 27529 or fax: 919.662.4320

Mailing Address:
NC Department of Transportation
Oversize / Overweight Permit Unit
1561 Mail Service Center
Raleigh, NC 27699-1561

Telephone: (919) 814-3700
Fax: (919) 662-4320
Website:
<https://connect.ncdot.gov/business/trucking/pages/overpermits.aspx>

Exhibit O

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION FOR A CERTIFICATE OF AUTHORITY BY A FOREIGN LIMITED LIABILITY COMPANY
TO TRANSACT BUSINESS IN SOUTH CAROLINA

The following Foreign Limited Liability Company applies for a Certificate of Authority to Transact Business in South Carolina in accordance with Section 33-44-1002 of the 1976 S.C. Code of Laws, as amended.

1. The name of the foreign limited liability company which complies with Section 33-44-1005 of the 1976 S.C. Code of Laws, as amended is:

Allstar Transportation Services LLC

2. The name of the State or Country under whose law the company is organized is Florida

3. The street address of the Limited Liability Company's principal office is

4946 Atwater Drive

(Street Address)

North Port, FL 34288

(City, State, Zip Code)

4. The address of the Limited Liability Company's current designated office in South Carolina is

3912 Hearn Dr

(Street Address)

Columbia SC 29223

(City, State, Zip Code)

5. The street address of the Limited Liability Company's initial agent for service of process in South Carolina is

3912 Hearn Dr

(Street Address)

Columbia

(City)

South Carolina 29223

(Zip Code)

And the name of the Limited Liability Company's agent for service of process at the address is:

Emanuel Sims

(Name)

Emanuel Sims

(Signature of Agent)

6. Check this box only if the duration of the company is for a specified term, and if so, the period specified

Name of Limited Liability Company

7. Check this box if the company is manager-managed. If so, list the names and business addresses of each manager.

(a)

Emanuel Sims

(Name)

4946 Atwater Dr

(Address)

North Port, FL 34288

(City, State, Zip Code)

(b)

Montrice McClain

(Name)

4946 Atwater Dr

(Address)

North Port, FL 34288

(City, State, Zip Code)

8. Check this box if one or more of the members of the foreign limited liability company are to be liable for the company's debt and obligation under a provision similar to Section 33-44-303(c) of the 1976 S.C. Code of Laws, as amended.

Date: November 18, 2022

Emanuel Sims

Signature

Emanuel Sims

Name

Owner

Capacity/Title

FILING INSTRUCTIONS

1. This application must be accompanied by an original certificate of existence not more than 30 days old (or a record of similar import) authenticated by the Secretary of State or other official having custody of the Limited Liability Company records in the state or country under which it is organized.
2. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed. Include a self-addressed stamped envelope to have a filed copy returned to you by mail.
3. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
4. If management of a limited liability company is vested in managers, a manager shall execute this form. If management of a limited liability company is reserved to the members, a member shall execute this form. Specify whether a member or manager is executing this form.
5. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
ATTN: Corporate Filings
1205 Pendleton Street, Suite 525
Columbia, SC 29201

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EXHIBIT L



*** Load Confirmation ***

Page 1

Trident Transport, LLC
Chattanooga, TN 37402
505 Riverfront Pkwy
Office 727-440-3580 Ext: 381

Office: 727-440-3237

Cell: 727-404-8854

Invoice #: 0429065

Carrier: ALLSTAR TRANSPORTATION SERVI
NORTH PORT FL 34288
Date: 11/28/2022

Contact: Montrice McClain
Phone: 305-988-6627
Fax:

Order Order: 0429065
Miles: 79.0
Temp:
BOL:

Commodity:
Weight: 10000.0
Trailer: Flatbed Hotshot (DAT)
Reference:

PU 1 Name: Pick up
Address: 110 West Interlake Blvd
LAKE PLACID FL 33852
Phone: 813-493-1923

Date: 11/28/2022 0700
11/28/2022 0700
Contact: Johnnie
Drv Ldi/Unld: No driver loading or unload

SO 2 Name: Drop
Address: 1811 NW 27th St
CAPE CORAL FL 33993
Phone:

Date: 11/28/2022 0800
11/28/2022 1100
Contact:
Drv Ldi/Unld: No driver loading or unload

Payment Carrier Freight Pay: \$700.00

Instructions

Pick up - 12 foot wide no tarps

Please send PODs to accounting@tridenttransport.com immediately upon delivery
Please reference your order number in the email subject line.

Agreement

No Double Brokering allowed. Please send Invoices to accounting@tridenttransport.com
No additional charges will be paid without prior approval. Accessorials must be reported at the time of shipment prior to departure. We require exclusive use of the trailer. NO CO-MINGLING ALLOWED unless otherwise specified on the rate confirmation. BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO OUR TERMS.

Please sign and fax or email back to Chris Lauyans chris.lauyans@tridenttransport.com

Load Accepted By: Emanuel Sims Signature: *Emanuel Sims*

Driver Name Emanuel Sims Cell # 239-541-7355 Truck # 1 Trailer # 1

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EXHIBIT L



*** Load Confirmation ***

Page 1

Trident Transport, LLC
Chattanooga, TN 37402
505 Riverfront Pkwy
Office 727-440-3580 Ext: 381

Office: 727-440-3237

Cell: 727-404-8854

Invoice #: 0429065

Carrier: ALLSTAR TRANSPORTATION SERVI
NORTH PORT FL 34288
Date: 11/28/2022

Contact: Montrice McClain
Phone: 305-988-6627
Fax:

Order Order: 0429065
Miles: 79.0
Temp:
BOL:

Commodity:
Weight: 10000.0
Trailer: Flatbed Hotshot (DAT)
Reference:

PU 1 Name: Pick up
Address: 110 West Interlake Blvd
LAKE PLACID FL 33852
Phone: 813-493-1923

Date: 11/28/2022 0700
11/28/2022 0700
Contact: Johnnie
Dvr Ld/Unld: No driver loading or unload

SO 2 Name: Drop
Address: 1811 NW 27th St
CAPE CORAL FL 33993
Phone:

Date: 11/28/2022 0800
11/28/2022 1100
Contact:
Dvr Ld/Unld: No driver loading or unload

Payment Carrier Freight Pay: \$700.00

Instructions

Pick up - 12 foot wide no tarps

Please send PODs to accounting@tridenttransport.com immediately upon delivery
Please reference your order number in the email subject line.

Agreement

No Double Brokering allowed. Please send Invoices to accounting@tridenttransport.com
No additional charges will be paid without prior approval. Accessorials must be reported at the time of shipment prior to departure. We require exclusive use of the trailer. NO CO-MINGLING ALLOWED unless otherwise specified on the rate confirmation. BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO OUR TERMS.

Please sign and fax or email back to Chris Lauyans chris.lauyans@tridenttransport.com

Load Accepted By: Emanuel Sims Signature: *Emanuel Sims*

Driver Name Emanuel Sims Cell # 239-541-7355 Truck # 1 Trailer # 1



SEND FREIGHT BILL TO:
Trinity Logistics, Inc.
 P.O. BOX 1620
 Seaford, DE 19973
 carrierinvoices@trinitylogistics.com
 Fax (302) 883-8025

Brandon Johnson
 Email brandon.johnson@trinitylogistics.com
 Phone (320) 227-7019
 Fax
 Trinity Office K8 - GRANITE, SARTELL

Exhibit S

Rate Confirmation - Trinity Logistics, Inc. Reference #7357385

Shipment #	7357385	Shipment Miles	178.00	Straps	yes
Cust Ref/PO #	69	Chains	yes	Shipment Mode	Over The Road
Todays Date	9/21/2022 16:03	Eq Type	40HS		
		Eq ID			

Carrier	ALLSTAR TRANSPORTATION SERVICES LLC	Driver Name	Emanuel (239) 841-7355
DBA		Dispatcher	Emanuel
MC Number	1325615	Phone	(239) 841-7355
DOT #	3742861	Fax	
SCAC		Carrier Ref	

Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #
1	Pickup		CAV (CAVENDISH) 21505 SR 60 VERO VERO BEACH, FL 32966 (727) 420-3271	9/22/22	08:00 - 15:00	69
Notes: 1PY5075ETKK409873 Driver must have ramps and PPE on or their will be a rate reduction Driver needs to tell us the unit# on bush hog						
2	Delivery		EVG (EVERGLADES) SW 222 AVE 232 STREET HOMESTEAD, FL 33031 (239) 314-9810	9/22/22	08:00 - 15:00	

Shipment Line Items		Volume	STCC	Description	NMFC	Class	ID
Total Pcs/Type	Total Weight			JD 5075E and bush hog			
0 PIECES	11000 lbs						

Carrier Rate Agreement		Unit Type	Unit Quantity	Unit Price	Rate
Item #	Charge Description	Flat Rate	1	\$150.00	\$150.00
1	TRK ORDERED/NOT USED				
				Total:	\$150.00

Shipment Notes

1. 1PY5075ETKK409873
 Driver must have ramps and PPE on or their will be a rate reduction
 Driver needs to tell us the unit# on bush hog

ALLSTAR TRANSPORTATION SERVICES LLC

Signature Emanuel Sims Date 9-21-22

Terms of Agreement

1. Rate Confirmation should not be used as BOL
 2. For all shipments going to or through the state of California, the following applies: In addition to being required to comply with all other Federal, State and Provincial laws & regulations, Carrier is required to comply with the terms of the California Air Resources Board (CARB) Transport Refrigeration Unit (TRU) Airborne Toxic Control Measure (ATCM) and the CARB Heavy-duty Greenhouse Gas Regulation. Should Broker incur penalties as a result of Carrier's non-compliance, Broker shall offset - with Carrier paying Broker an amount equal to the difference within ten (10) days.
 3. GENERAL: Rate confirmation ("Agreement") is a contract. Agreement shall become part of the master contract into which the above mentioned carrier ("Carrier") and Trinity Logistics, Inc. ("Trinity") have already entered ("Contract"). Agreement shall, in any and all cases, be subject to terms and conditions of the Contract. Carrier agrees that it will review this Agreement immediately upon receipt in order to verify that the Agreement lists the same rate(s) as the one(s) to which Carrier and Trinity agreed prior to time when Agreement was prepared. If Carrier does not sign and return Agreement within twenty-four (24) hours, Carrier shall be deemed to have accepted the Agreement. By accepting this Agreement, Carrier acknowledges that this is a contract load and that tariff insurance exclusions do not apply.
 4. BROKERAGE: Carrier agrees that it will not broker the above load to another carrier or broker unless it receives written approval from Trinity to do so. Trinity shall be released from its obligation to compensate Carrier should Carrier do otherwise.
 5. SUBMITTING PAPERWORK: Paperwork may be sent to Trinity via the following methods: Email: carrierinvoices@trinitylogistics.com Fax: (302)883-8025 Transflo Express: see attached cover page for information on sending via Transflo Mail: P.O. Box 1620 Seaford DE 19973
 5. ADVANCES: All advances are subject to a 4% of the advance amount fee, minimum charge of \$10.00. The maximum advance amount is \$2,000.00 USD.
- PAYMENTS: Standard terms are within twenty-five (25) days of date on which all uncontested paperwork was received. For information on

TRANSFLO Express® Cover Sheet



Thank you for choosing Trinity. Need a reload? Visit our available load board at www.trinitylogistics.com/carriers/access-load-board/.
To obtain your login, contact (866)-TRINITY.

Notes:

If using Transflo, a \$2.50 fee will be deducted from your final settlement.
Scanned documents must be received within 24 hours of delivery.

Instructions:

1. Visit a participating location, selected from the listed map of truck stops found on www.transfloexpress.com.
2. Perform the following check list before handing the fuel desk cashier your documents:
 - ▣ Clearly and legibly fill in the information at the bottom of this sheet labeled "Load Information".
 - ▣ Make sure all documents are face-up, with the writing on the top side.
 - ▣ Securely tape small receipts or documents to a regular sized sheet of paper. Materials are provided by the scanning clerk for your convenience.
 - ▣ Remove paperclips & staples from all documents.
 - ▣ Place this coversheet on top of your documents. You must use an original coversheet, no photocopies, to ensure proper transmission to Trinity's Accounting Department.
3. Once the scanning clerk has processed your documents, they will be returned to you with a confirmation receipt stapled to the front page.
 - ▣ Review this receipt to ensure the date and page count is correct.
 - ▣ Make sure all documents are face-up, with the writing on the top side.
 - ▣ Make sure Trinity's SCAC code, "TTFD", was used in order to confirm they were sent to the right company.
4. View the images on www.transfloexpress.com, click on "View Documents" in the top right corner. Enter the confirmation number from your receipt to view the scan as well as determine when the documents were delivered to Trinity. Images are kept online for 14 days.

Load Information

Load (Pro) Number:	7357385		
Pick Up Date:	9/22/22		
Pick Up City:	VERO BEACH	Pick Up State:	FL
Delivery Date:	9/22/22		
Dest City:	HOMESTEAD	Dest State:	FL
Carrier Name:	ALLSTAR TRANSPORTATION SERVICES LLC		



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Allstar Transportation Services LLC.

Emanuel Sims
4946 Atwater Drive
North Port, FL 34288

INVOICE

Bill To:

Roofing Plus, Inc.
1525 University Drive
Auburn, GA 30011
U.S.A

Invoice# 1015
Invoice Date Sep 16, 2022
Due Date Sep 19, 2022

Item Description	Miles	Rate	Amount
20 ft of metal roofing supplies up to 6500 lbs.	392	2.85	1117.20
		Sub Total	1117.20
		Sales Tax (0%)	
		TOTAL	\$1117.20

Notes

It was great doing business with you!

Terms & Conditions

Payment due on pick up by check.

Powered by Invoice



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Allstar Transportation Services LLC

Emanuel Sims
4946 Atwater Dri
North Port, FL 34288
U.S.A

INVOICE

Bill To:
Roofing Plus, Inc.
1525 University Drive
Auburn, GA 30811

Invoice# 1015
Invoice Date
Due Date Sep 19, 2022

Item Description	Miles	Rate	Amount
20 ft up to 6500 lbs of building material	392	2.85	1117.20
		Sub Total	1117.20
		Sales Tax (0%)	
		TOTAL	\$1117.20

Notes
Thank you for doing business with Allstar Transportation Services LLC

Terms & Conditions
Payment due on pick up by Check.

Powered by Invoice

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PO Box 569
McDonough, GA 30253



Local: 205-379-0984
FAX: 877-251-8541

RATE CONFIRMATION SHEET

Bennett Order #: 7859130 **BOL:** 4387507
Please Call for Load Information: LISI FARR at 205-379-0984 or AL5 at 2053790984

Carrier: 8102847 ALLSTAR TRANSPORTATION SERVICE Ph: 2398417355 Fax: 0
Driver: TBT Ph: TBT

Commodity: GENERATOR Equipment: F
Pcs: 00001 Weight: 2300 Length: 12.00 Width: 3.00 Height: 5.00 B/H:

Origin
UNITED RENTALS POWER & HVAC
7390 PEPPERMILL PARKWAY
NORTH CHARLESTON SC 29418
Load Date: 09/01/22 to 09/01/22 Pcs: 0
Load Time: 0800 to 1800 Wt: 0
App?: N Ref#:

Destination
UNITED RENTALS
107 SHARON CT
POOLER GA 31222
Delivery Date: 09/02/22 to 09/02/22 Pcs: 0
Delivery Time: 0800 to 0800 Wt: 0
App?: N Ref#:

Special Instructions:
PU# 4387507 PROPER PPE. NO PPE WILL RESULT IN \$400 FINE BOL REQUIRED UPON DEL OR FINE MAY OCCUR EMAIL AL5@BENNETTIG.COM WITHIN 24HRS OF DEL INEXCUSABEL LATE DEL CAN RESULT IN \$400 FINE A DAY NO COMMUNICATION CAN RESULT IN FINE UP TO \$400

Carrier Pay:
Linehaul 450.00
Total 450.00

Driver must call BIL for dispatch when loaded and upon completion of load for Release #. When delivered, fax signed BOL/POD to: 800-688-2221 or email paper work to bildocs@bennettig.com. Report any claims or delivery problems at the time they occur to: 205-379-0984. Emergency After Hours Contact:

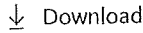
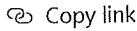
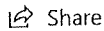
205-379-0984

Payment Requirements: Include signed Bill of Lading, free and clear of any notation of loss, damage, or delay at the time of delivery of the cargo. Include BIL Order and Release Numbers. BIL will not pay freight bills without our Release Number. Freight bill must show origin, destination, commodity, pieces, weight, and the quoted rate. Must provide receipts to backup any accessorial charges. Any accessorial charges not specifically listed on this Rate Confirmation will not be paid without prior BIL written approval and only upon BIL's successful reimbursement from BIL's customer. The Rate compensation amount listed above includes any motor carrier fuel-related surcharge adjustments, which the parties hereby acknowledge are being passed through entirely to the person, corporation or entity that directly bears the cost of fuel for the shipment transported under the Load Confirmation. Carrier shall not be paid Detention, Layover, Deadhead, Re-consignment or Truck Called for Not Used unless and until BIL is paid in full by the customer.

Other Terms and Conditions: This Rate Confirmation is a binding addendum to that contract. Carrier is responsible for transportation. Carrier agrees that it shall not be liable for any loss, damage, or delay at the time of delivery of the cargo. Any additional brokerages/subcontracting shall negate any payment obligation BIL has for the shipment. Drivers must be properly licensed and insured. Carrier shall not be liable for any loss, damage, or delay at the time of delivery of the cargo.

PDF View PDF controls

en BIL and the Carrier and becomes a binding addendum to that contract. Carrier is responsible for transportation. Carrier agrees that it shall not be liable for any loss, damage, or delay at the time of delivery of the cargo. Any additional brokerages/subcontracting shall negate any payment obligation BIL has for the shipment. Drivers must be properly licensed and insured. Carrier shall not be liable for any loss, damage, or delay at the time of delivery of the cargo.



LANDSTAR LOAD CONFIRMATION

FB #: 8150720

EFFECTIVE DATE:	10/31/2022	CARRIER:	ALLSTAR TRANSPORTATION SERVICE	LRGR - WNP SIGN THIS DOCUMENT
EQUIPMENT:	SD	CARRIER #:	*****5080	
COMMODITY:	GENERATOR: SERIAL # 3012104856	DRIVER:		
DIMENSION:	7000	DRIVER CELL:		
WEIGHT:	1	CONTACT:	EMANUEL (239) 841-7355	High Risk:
PIECES:		PHONE:		TARP:

ANY QUESTIONS OR CONCERNS ABOUT THIS LOAD PLEASE CALL AGENCY: (830) 208-2151
IMPORTANT: Carrier call agent if your dispatch instructions below differ from bill of lading!

PICK-UP DATE:	11/1/2022 09:00 - 11/1/2022 10:00	CONTACT:	MISAEL
NAME/ADDRESS:	COMCAST C/O CRITICAL ENERGY 210 MATTHEW ST	PHONE:	(786) 563-5918
	METTER, GA 30439		
DIRECTIONS:	DRIVER MUST SEND THE PICTURE OF THE BOL ONCE LOADED!		
SPECIFIC INSTRUCTIONS:	DRIVER MUST SIGN BOL AS LANDSTAR ** STRAPS AND CHAINS REQUIRED ** SERIAL # 3012104856 ** REF # 3341880: GENERATOR D.ms: 169' X 41' X 123". 7000.0 lbs		

DELIVERY DATE:	11/2/2022 07:30 - 11/2/2022 08:00	CONTACT:	RICHARD EVANS
NAME/ADDRESS:	FIDELITY MANUFACTURING 1900 NE 25TH AVE	PHONE:	(352) 414-4700
	JOB# 50648		
	OCALA, FL 34470		
DIRECTIONS:	DELIVERY APPOINTMENT AT 8 AM EST ON WEDNESDAY 11/02 ** REF # 3341880 ** PICTURE OR COPY OF POD MUST BE SENT TO JOHN@WHIAGENCY.COM OR TEXT TO (575) 914-2564 ONCE DELIVERED!		

ADDITIONAL INSTRUCTIONS: TOTAL CARRIER PAYS ALL INCLUSIVE. Check calls are required every morning by 8am CST. Failure to do so will result in a \$250 fine. Drivers must call LANDSTAR upon arrival and departure of each shipping point and must call upon arrival at destination. This is an exclusive use of equipment unless otherwise noted. Only Consignee can break a seal. Failure to do so will result in a fine. LANDSTAR must be notified of any overages, shortages, or damaged product immediately upon delivery. Failure to do so will result in 50% fine. LANDSTAR must be made aware of any problems during transit that may result in a delay in delivery/ missed pick up. Failure to do so will result in a 50% fine. Carrier shall be liable to LANDSTAR for all economic loss, including consequential damages that are incurred by Broker or the Customer for any freight loss, damage or delay. Unloading must be reported within 2 hrs. Driver must call upon arrival at the shipper and receiver also departure of the shipper and receiver along with the pieces, weight, BOL and POD information. Failure to do so will result in 50% fine. POD must be emailed or faxed within 24 hrs, failure to do so will result a 25% fine.

Total Carrier Pay: \$600.00
GET PAID IN 2 DAYS! CALL 1-866-321-PLUS (7587) TO LEARN HOW!

Landstar Agent:	LRGR - WNP	Carrier:	ALLSTAR TRANSPORTATION SERVICE
Agency Contact:	John	Carrier:	
Agency Phone:	(830) 208-2151	Signature:	

ATTENTION

Carrier certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for or passing through California, Carrier will utilize only vehicles that are compliant with those Rules. Please see CARB Regulations, including the CARB Dray rules. <https://www.arb.ca.gov>



LANDSTAR LOAD CONFIRMATION

FB #: 8150720

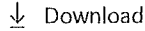
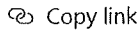
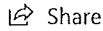
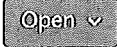
Signature: _____

Confirm Date:	10/31/2022	Confirm Date:	10/31/2022	Carrier Fax:	
---------------	------------	---------------	------------	--------------	--

CARRIER MUST SIGN LOAD CONFIRMATION AND FAX BACK TO AGENCY AT: 830-253-5771
 THANK YOU FOR DOING BUSINESS WITH LANDSTAR

TO VIEW ALL CALL OUR INTERACT View PDF controls roker.com
JS ** (800) 972-9490

IMPORTANT BILLING INSTRUCTIONS! *** YOUR INVOICE, BILL OF LADING, PROOF OF DELIVERY, AND THIS SIGNED LOAD



LANDSTAR LOAD CONFIRMATION

FB #: 7025204

EFFECTIVE DATE: 10/31/2022

CARRIER: ALLSTAR TRANSPORTATION SERVICE

EQUIPMENT: SD

CARRIER #: *****5080

COMMODITY: GENERATOR: SERIAL # 3012104858

DRIVER:

LRGR - WNP
SIGN THIS
DOCUMENT

DIMENSION:

DRIVER CELL:

WEIGHT: 7000
PIECES: 1

CONTACT: EMANUEL
PHONE: 733.841-7255

High Risk:
TARP:

ANY QUESTIONS OR CONCERNS ABOUT THIS LOAD PLEASE CALL AGENCY: (830) 208-2151
IMPORTANT: Carrier call agent if your dispatch instructions below differ from bill of lading!

PICK-UP DATE: 10/31/2022 11:30 - 10/31/2022 12:00
NAME/ADDRESS: FIDELITY MANUFACTURING 1101 SW 37TH AVE

CONTACT:
PHONE:

OCALA, FL 34474-2813

DIRECTIONS: DRIVER MUST SEND THE PICTURE OF THE BOL ONCE LOADED!
SPECIFIC INSTRUCTIONS: DRIVER MUST CHECK IN AND SIGN BOL AS LANDSTAR ** STRAPS AND CHAINS REQUIRED ** JOB # 51023 METTER GA ** SERIAL # 3012104858 ** REF # 3342138: GENERATOR Dims: 169" X 41" X 123". 7000.0 lbs

DELIVERY DATE: 11/1/2022 08:30 - 11/1/2022 09:00
NAME/ADDRESS: COMCAST C/O CRITICAL ENERGY 210 MATTHEW ST
MUST DELIVER 11/1 AT 9:00 AM
METTER, GA 30439

CONTACT: MISAE
PHONE: (786) 580-5918

DIRECTIONS: STRICT DELIVERY AND CRANE APPOINTMENT AT 9 AM ON TUESDAY 11/1 ** REF # 3342138 ** PICTURE OR COPY OF POD MUST BE SENT TO JOHN@WNPAGENCY.COM OR TEXT TO (875) 914-2564 ONCE DELIVERED!

ADDITIONAL INSTRUCTIONS: TOTAL CARRIER PAYS ALL INCLUSIVE.
Check calls are required every morning by 8am CST. Failure to do so will result in a \$250 fine.
Drivers must call LANDSTAR upon arrival and departure of each shipping point and must call upon arrival at destination. This is an exclusive use of equipment unless otherwise noted. Only Consignee can break a seal. Failure to do so will result in a fine.
LANDSTAR must be notified of any overages, shortages, or damaged product immediately upon delivery. Failure to do so will result in 50% fine.
LANDSTAR must be made aware of any problems during transit that may result in a delay in delivery/ missed pick up. Failure to do so will result in a 50% fine.
Carrier shall be liable to LANDSTAR for all economic loss, including consequential damages that are incurred by Broker or the Customer for any freight loss, damage or delay. Unloading must be reported within 2 hrs. Driver must call upon arrival at the shipper and receiver a so departure of the shipper and receiver along with the pieces, weight, BOL and POD information. Failure to do so will result in 50% fine.
POD must be emailed or faxed within 24 hrs, failure to do so will result a 25% fine.

Total Carrier Pay: \$600.00

GET PAID IN 2 DAYS! CALL 1-866-321-PLUS (7587) TO LEARN HOW!

Landstar Agent: LRGR - WNP

Carrier: ALLSTAR TRANSPORTATION SERVICE

Agency Contact: John

Carrier

ATTENTION

Carrier certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for or passing through California, Carrier will utilize only vehicles that are compliant with those Rules. Please see CARB Regulations, including the CARB Dray rules. <https://www.arb.ca.gov>



LANDSTAR LOAD CONFIRMATION

FB #: 7025204

Agency Phone: (830) 208-2151

Signature: Emanuel Lima X

Signature

Confirm Date: 10/31/2022

Confirm Date: 10/31/2022

Carrier Fax:

CARRIER MUST !

: 830-263-5771

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** CALL OUR INTERACTIVE VOICE RESPONSE SYSTEM TO REPORT LOAD STATUS ** (800) 972-9490

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Carrier Confirmation for Load 1AE3794

Total Rate:\$550.0

J.B. Hunt Transport, Inc. ("J.B. Hunt"), as a licensed Property Broker, hereby arranges for Allstar Transportation Services LLC to transport this load as a licensed Motor Carrier. Allstar Transportation Services LLC must call Kyle Morgan for information and ask for load #1AE3794.

J.B. Hunt Contact Kyle Morgan kyle.d.morgan@jbhunt.com 8443426083 phone fax	Load Details 237 Miles
Carrier Contact Allstar Transportation Services LLC Attention: Allstar Transportation Services LLC - e-mail : contact@allstar-trans.com 238-841-7355 phone	Equipment Trailer: 32 FLATBED Hazmat: No Temperature Controlled: No
	Requirements

Carrier Services

J.B. Hunt offers many carrier services that include: QuickPay, cash advance, direct scanning, and discounts with many reputable vendors. Call your J.B. Hunt representative or visit www.jbhunt.com to learn more about our carrier programs.

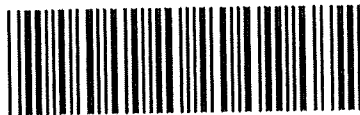
Comments

All appointments must be met. If driver is late, they will either be refused or worked in with no detention paid. On time service is critical on this load!

1. PRELOADED TRAILER IS LIVE 32 HOTSHOT W/LOADING A TRAILER ON A TRAILER

If Shipper and Receiver addresses on the Bill of Lading do not match the tender, your J.B. Hunt representative must be notified!

- * Call 800-UNLOAD1 (800-865-6231) to be issued a Comchek number for all Load and Unload services.
- * Please have a blank Comchek with you prior to arrival.
- * J.B. Hunt will pay all Load and Unload events directly to the Load or Unload service.
- * Do not pay out of pocket as you will not be reimbursed for Load or Unload costs.
- * Send a copy of the lunper receipt with BOL upon load completion.



Shipper : 1 CHAMPION TRAILERS SALES, INC. 8300 E ADAM DR, TAMPA, Florida 33619 813-626-8115 phone	Pickup 2022-11-14 08:00 - 2022-11-14 15:00
Driver must ask for and receive Commodity: TRAILER 0 PIECES (Estimated Weight: 4200.0 lbs)	
Driving Directions	View PDF controls

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44000001 534
 BILL OF LADING (FORMAT: 441) (REV. 11/20) 11/20

STRAIGHT BILL OF LADING
 ORIGINAL - NOT NEGOTIABLE

Shipper No: 610331534
 Carrier No: 10/31/22

FROM: MOSCO LLC
 3820 INVESTMENT LANE
 WEST PALM BEACH, FL 33404

TO: *PREPARED BY / KILSTEIN TRANSPORTATION*
 10/31/22

DESCRIPTION: *SWISSBROS, E1 33521*

NO. SHIPMENT: 477
 KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MATES AND EXCEPTIONS:
 TRANE BCD054 414
 TRANE TR120 614
 STEVE BEISE HEBBENK
 CONTACT 1 HOUR (407) 448-3836

WEIGHT: 280LBS
 SOLIDS

DATE: 10/31/2022

CLASS: *1*
 RATE: *16/31/2022*

MOSSO / *MOSSO*
COPIED FROM

000 477 2

CO.O. FEE
 PREPAC. # 3
 COLLECT # 3
 TOTAL 3

PREPARED BY: *[Signature]*

DATE: 10/31/2022

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Date 11/14/22 BILL OF LADING - SHORT FORM - NOT NEGOTIABLE Page 1 of 1

SHIP FROM
 CHAMPION TRAILERS SALES, INC PHONE 813-626-8116
 6300 E ADAMO DR
 TAMPA FL 33619

SHIP TO
 KING OCEAN CO SUN TERMINALS PHONE 859-593-5299
 4810 MCINTOSH RD
 FORT LAUDERDALE FL 33316

THIRD PARTY FREIGHT CHARGES BILL TO
 J.B. Hunt Transport, Inc. J.B. Hunt Load Number: 1AE3794
 P.O. Box 682
 Lowell, AR 72745

Special Instructions:

Bill of Lading Number: 1AE3794

Carrier Name: ALLSTAR TRANSPORTATION SERVICE

Trailer Number:

Serial Number(s):

SCAC: A1CE

Pro Number:

Freight Charge Terms (Freight charges are prepaid unless stated otherwise):
 Prepaid Collect 3rd Party

Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
Bill of Lading Number: 1AE3794	0	4200.0	Y N	SHIPID 575279
Grand Total	0	4200.0	Y N	

CARRIER INFORMATION

Handling Unit	Qty	Type	L	W	H	Weight	HM (X)	Commodity Description	Stack	IMFC No.	Class
	0	PIECES				4200		TRAILER			

Commodity Description: Generalized description of special or additional care or attention in handling or stowage must be indicated and packaged so to ensure safe transportation with ordinary care. See Section 7(c) of IBCA Item 352.

When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of this property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount: \$

Fee terms: Collect Prepaid Customer check acceptable

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).

Received, subject to individually determined rules or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rules, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.

Shipper Signature/Date
[Signature] 11-14-22

Trailer Loaded:
 By shipper
 By driver

Freight Counted:
 By shipper
 By driver/pallets sold to contain
 By driver/pieces

Carrier Signature/Pickup Date
Emanuel... 11/14/22

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Interport Logistics, LLC

12950 NW 25 Street
FMC D18381NF, Miami, FL 33182 United States Tel: 305-477-1910, Fax: 305-477-6776

DELIVERY ORDER

Flight/Voyage Nov/07/22	Way Bill Number	Date Nov/07/2022	File No/Let INTGR-730773
Prep/Lets for CHAMPION TRAILER SALE 6300 E Adamo Drive Tampa, FL 33619 United States	View PDF controls	Destination:	Prepared By G

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Receipt, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the 2012, classification, and rules that have been established by the carrier and are available to the Shipper, as required, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.

Shipper Signature/Date

[Signature] 11-14-22

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By shipper
 By driver

Freight Counted:

By shipper
 By driver/pallets sold to contain
 By driver/pieces

Carrier Signature/Pickup Date

[Signature] 11-14-22

Carrier acknowledges receipt of packages and proper labels. Carrier certifies emergency response information was made available to driver carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, exact as item.

Interport Logistics, LLC

12950 HW 25 Street
FMC 018381NF, Miami, FL 33182 United States Tel: 305-477-1910, Fax: 305-477-6776

DELIVERY ORDER

Flight/Voyage Nov/07/22		Way Bill Number INTGR-730773		Date Nov/07/2022	File Number INTGR-730773
Pickup Location CHAMPION TRAILER SALES 6300 E Adamo Drive Tampa, FL 33169, United States		Destination Sun Terminals		Prepared By B G	
Telephone: 8136268116 Doreen Moran		Deliver to (Name and Address) 4610 McIntosh Rd Hollywood, FL 33316.		Telephone: 954-524-8600	
Shipper (Name and Address) CHAMPION TRAILER SALES 6300 E Adamo Drive Tampa, FL 33169, United States		Consignee (Name and Address) Sun Terminals		4610 McIntosh Rd Hollywood, FL 33316.	
MARKS AND NUMBERS	QTY	DESCRIPTION	VOL WEIGHT	WEIGHT	
	1	VIN# 46UFU1821P1266987 Diamond C model LPX Cement Gray Width 102" Height 44" Total length 286 1/2" Booking # 10934522 Final Destination: Aruba			
TOTAL			PIECES	0.00 Vlb	0.00 Kg
			1	0.00 Lb	
DELIVERING CARRIER <i>Allstar Transportation Services LLC</i>					
AGENT NOTE YOU ARE SIGNING FOR: DOCUMENTS AND FREIGHT <i>Emanuel Sims</i>					

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED BY (PLEASE PRINT) Emanuel Sims 11-14-22

DATE: TIME:

Major Cargo System: 10/11/2022 10:00

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The Roots Logistics LLC
5920 Nall Ave #400
Mission, KS 66202
913-372-6300 (913) 224-1480



Page 1

Load Confirmation

0017882

Carrier:	Allstar Transportation Servi North Port FL 342888310	Contact:	Emmanuel Phone: (239) 841-7355 Fax:
Date:	11/16/2022		

Order	Order: 0017882 Miles: 153.0 Temp: BOL:	Commodity: Reels of Wire Weight: 6000.0 Trailer: Flatbed Hotshot (DAT) Reference:
--------------	---	--

PU 1	Name: Graybar Address: 8520 Eagle Palm Dr RIVERVIEW FL 33578 Phone: (813) 739-4100	Date: 11/16/2022 0800 11/16/2022 1000 Contact: shpg/rcvg Driver Load: No driver loading or unload
-------------	--	---

SO 2	Name: Walmart Supercenter Address: 1675 NW St. Lucie W Blvd PORT ST LUCIE FL 34986 Phone:	Date: 11/16/2022 1001 11/16/2022 1430 Contact: Driver Load: No driver loading or unload
-------------	---	---

Payment	Carrier Freight Pay: \$383.00 Fuel Surcharge Pay 117.00 Stopoff Pay 50.00 Detention Shipper 01 100.00 Total Carrier Pay: \$650.00
----------------	--

Please send your POD and Invoice to billing@therootslogistics.com.
For quick pay, please send your invoice to quickpay@therootslogistics.com

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.
Graybar - 6 Pieces @ approximately 6,000 lbs of reels of wire, legal load, must strap to secure
Walmart Supercenter - walmart store electric charging vehicle station

Attention: **Joe DeAngelo**
913-372-4428


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STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
OVERSIZE / OVERWEIGHT TRIP PERMIT

PERMIT NUMBER - 2141706 -2022-0001		EFFECTIVE DATES 11/17/2022 - 11/27/2022	
INVOICE: EMANUEL SIMS	PERMIT FEE: \$5.00		
PERMITTEE: ALLSTAR TRANSPORTATION SERVICES LLC	TRANS. FEE: \$5.00		
4946 ATWATER DR	TOTAL FEE: \$10.00		
NORTH PORT, FL 34288 8310			
FAX:			
VEHICLE ROUTING			
FROM: POMPANO BEACH		TO: KENNEDY	
ROUTE: See other side for route details.			
VEHICLE CONFIGURATION			
HEIGHT: 13 FT 6 IN	LENGTH: 80 FT 0 IN	WIDTH: 12 FT 0 IN	GWV: LEGAL
LOAD ID: 14673838			
CONFIGURATION: TRUCK TRACTOR SEMITRAILER HAULING: CONSTRUCTION MATERIALS			
PERMIT RESTRICTIONS / MOVEMENT CONDITIONS			
<p>- TRAVEL SOUTH OF FLORIDA CITY: VEHICLES UP TO 16 FT WIDE. TRAVEL IS PERMITTED 1/2 HOUR BEFORE SUNRISE TO 1/2 HOUR AFTER SUNSET, ALL DAYS. VEHICLES GREATER THAN 10 FT WIDE. TRAVEL IS PERMITTED FROM 6PM-5AM MONDAY-FRIDAY ONLY (EXCLUDING HOLIDAYS). VEHICLES OVER 10 FEET WIDE AND UP TO 14 FEET WIDE REQUIRE 1 QUALIFIED ESCORT. VEHICLES OVER 14 FEET WIDE REQUIRE 1 LAW ENFORCEMENT ESCORT.</p> <p>TRAVEL NORTH OF FLORIDA CITY: TRAVEL IS PERMITTED FROM 1/2 HOUR BEFORE SUNRISE TO 1/2 HOUR AFTER SUNSET, ALL DAYS. HOLIDAY TRAVEL SHALL BE IN ACCORDANCE WITH FAC 14-26. MOVEMENT IS NOT ALLOWED FOR VEHICLES OVER 12' WIDE OR 85' LONG, FROM 7AM-8AM & 3PM-6PM WEEKDAYS, ON ANY STATE MAINTAINED ROADWAY (INCLUDING INTERSTATES) IN THE FOLLOWING COUNTIES: DADE, BROWARD, PALM BEACH, ORANGE, DUVAL, HILLSBOROUGH AND PINELLAS NOR ON ANY STATE MAINTAINED ROADWAY (EXCLUDING INTERSTATES) IN THE FOLLOWING CITIES: DAYTONA BEACH, GAINESVILLE, LAKELAND, MELBOURNE, PALM BAY, PENSACOLA, FORT ST. LUCIE, SARASOTA AND TALLAHASSEE</p> <p>- 2 WARNING LIGHTS</p> <p>- HIGH VISIBILITY FLAGS (MIN. 19 INCHES SQUARE) ARE REQUIRED</p> <p>- WARNING SIGNS WITH 12 INCH HIGH BLACK LETTERS ON A YELLOW BACKGROUND ARE REQUIRED ON THE FRONT & REAR OF THE VEHICLE.</p>			
REMARKS:			
<p>MOVEMENT SHALL BE IN COMPLIANCE WITH FLORIDA STATUTES 316.06, 316.170 AND CHAPTER 14-26, FLORIDA ADMINISTRATIVE CODE. PERMIT VALID ON STATE HIGHWAY SYSTEM ONLY. THIS PERMIT IS VALID FOR ONE TRIP ONLY. NO MOVEMENT IS PERMITTED WHEN VISIBILITY IS LESS THAN ONE THOUSAND (1000) FEET. THE ROUTE ON THE FACE OF THIS PERMIT HAS NOT BEEN REVIEWED NOR VALIDATED FOR HEIGHT, LENGTH, WIDTH, NOR LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE FOR VERIFYING THAT ADEQUATE CLEARANCE EXISTS ON ROUTE FOR ALL OVERSIZED LOADS PRIOR TO ANY MOVEMENT AND IS RESPONSIBLE FOR OBTAINING AUTHORITY FOR TRAVEL ON LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE AND LIABLE FOR ALL OVER DIMENSIONAL CLEARANCES, ACCIDENTS, DAMAGES, AND/OR INJURIES. RESTRICTED TAG OR 60,000 LB REGISTERED GVW IS REQUIRED FOR OVERWEIGHT LOADS. PERMITTED VEHICLES CANNOT BYPASS ANY OPEN WEIGHT STATION.</p> <p>*** THIS PERMIT MAY BE VOIDED AT ANY TIME IF ANY OF THE TERMS OR CONDITIONS I HAVE BEEN ALTERED OR VIOLATED ***</p> <p>HTTPS://WWW.FDOT.GOV/MAINTENANCE/OWODPERMITS.SITM</p>			
ISSUED BY: PAS	DATE: 11/16/2022	TIME: 4:43 PM	

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
OVERSIZE / OVERWEIGHT TRIP PERMIT

PERMIT NUMBER - 2141706 -2022-0001		EFFECTIVE DATES 11/17/2022 - 11/27/2022	
VEHICLE ROUTING			
FROM: POMPANO BEACH		TO: KENNEDY	
ROUTE: START AT 1760 SW 13TH CT, POMPANO BEACH, FLORIDA, 33069.			
GO EAST ON S	 View PDF controls		
TURN RIGHT ON			
BEAR RIGHT ON			
TURN RIGHT ON S POWERLINE RD (SR-846).			

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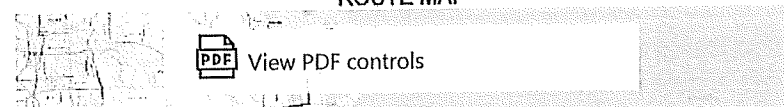

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
OVERSIZE / OVERWEIGHT TRIP PERMIT

Page 2 of 3
2141706-2022-0001

PERMIT NUMBER - 2141706 -2022-0001	EFFECTIVE DATES 11/17/2022 - 11/27/2022
VEHICLE ROUTING	
<p>FROM: POMPANO BEACH TO: KENNEDY</p> <p>ROUTE: START AT 1790 SW 13TH CT, POMPANO BEACH, FLORIDA, 33069. GO EAST ON SW 13TH CT TOWARD SW 12TH AVE. TURN RIGHT ON SW 12TH AVE (S ANDREWS AVE). BEAR RIGHT ON SW 15TH ST (W MCHAB RD). TURN RIGHT ON S POWERLINE RD (SR-845). AT FORK KEEP RIGHT ON S POWERLINE RD (SR-845). TURN LEFT ON W ATLANTIC BLVD (SR-814). TURN RIGHT ON ATLANTIC BLVD EXT (NW 31ST AVE). TAKE RAMP TO FLORIDA'S TPKE (RONALD REAGAN TPKE), AT FORK KEEP RIGHT. TAKE RAMP ON THE RIGHT TO OKEECHOBEE RD (SR-70). TURN RIGHT ON OKEECHOBEE RD (SR-70), TAKE RAMP ON THE RIGHT TO I-95. AT FORK KEEP LEFT, TAKE RAMP ON THE RIGHT TO SR-524. TURN RIGHT ON SR-524, TURN LEFT ON E INDUSTRY RD. TAKE RAMP ON THE RIGHT AND GO ON SR-528 (BEE LINE EXPY). TAKE RAMP ON THE RIGHT TO 49, ARRIVE AT WAYPOINT, ON THE RIGHT. DEPART WAYPOINT, CONTINUE EAST ON 49. TURN LEFT ON N COURTENAY PKWY (SR-3), CONTINUE ON KENNEDY PKWY S. TURN LEFT ON SPACE COMMERCE WAY, TURN RIGHT ON NASA PKWY W. ARRIVE AT WAYPOINT, ON THE RIGHT, DEPART WAYPOINT. CONTINUE EAST ON NASA PKWY W, MAKE U-TURN AND GO BACK ON NASA PKWY W. ARRIVE AT WAYPOINT, ON THE LEFT, DEPART WAYPOINT. CONTINUE WEST ON NASA PKWY W. MAKE U-TURN AT SPACE COMMERCE WAY AND GO BACK ON NASA PKWY W. TURN RIGHT, ARRIVE AT WAYPOINT, ON THE RIGHT, DEPART WAYPOINT. CONTINUE SOUTH, FINISH AT KENNEDY, ON THE RIGHT</p>	
<p>MOVEMENT SHALL BE IN COMPLIANCE WITH FLORIDA STATUTES 316.03, 316.170 AND CHAPTER 14-26, FLORIDA ADMINISTRATIVE CODE. PERMIT VALID ON STATE HIGHWAY SYSTEM ONLY. THIS PERMIT IS VALID FOR ONE TRIP ONLY. NO MOVEMENT IS PERMITTED WHEN VISIBILITY IS LESS THAN ONE THOUSAND (1000) FEET. THE ROUTE ON THE FACE OF THIS PERMIT HAS NOT BEEN REVIEWED NOR VALIDATED FOR HEIGHT, LENGTH, WIDTH, NOR LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE FOR VERIFYING THAT ADEQUATE CLEARANCE EXISTS ON ROUTE FOR ALL OVERSIZED LOADS PRIOR TO ANY MOVEMENT AND IS RESPONSIBLE FOR OBTAINING AUTHORITY FOR TRAVEL ON LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE AND LIABLE FOR ALL OVER DIMENSIONAL CLEARANCES, ACCIDENTS, DAMAGES, AND/OR INJURIES. RESTRICTED TAG OR 60,000 LB REGISTERED GVW IS REQUIRED FOR OVERWEIGHT LOADS. PERMITTED VEHICLES CANNOT BYPASS ANY OPEN WEIGH STATION.</p> <p>*** THIS PERMIT MAY BE VOIDED AT ANY TIME IF ANY OF THE TERMS OR CONDITIONS HAVE BEEN ALTERED OR VIOLATED ***</p> <p>HTTPS://WWW.FLTDOT.GOV/MAINTENANCE/WODPERMITS.SHTM</p>	
ISSUED BY: PAS	DATE: 11/16/2022
TIME: 4:43 PM	

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
OVERSIZE / OVERWEIGHT TRIP PERMIT

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2141706-2022-0001

PERMIT NUMBER - 2141706 -2022-0001	EFFECTIVE DATES 11/17/2022 - 11/27/2022
ROUTE MAP	
	
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MOVEMENT SHALL BE IN COMPLIANCE WITH FLORIDA STATUTES 316.08, 316.170 AND CHAPTER 14-26, FLORIDA ADMINISTRATIVE CODE. PERMIT VALID ON STATE HIGHWAY SYSTEM ONLY. THIS PERMIT IS VALID FOR ONE TRIP ONLY. NO MOVEMENT IS PERMITTED WHEN VISIBILITY IS LESS THAN ONE THOUSAND (1000) FEET. THE ROUTE ON THE FACE OF THIS PERMIT HAS NOT BEEN REVIEWED NOR VALIDATED FOR HEIGHT, LENGTH, WIDTH, NOR LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE FOR VERIFYING THAT ADEQUATE CLEARANCE EXISTS ON ROUTE FOR ALL OVERSIZED LOADS PRIOR TO ANY MOVEMENT AND IS RESPONSIBLE FOR OBTAINING AUTHORITY FOR TRAVEL ON LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE AND LIABLE FOR ALL OVER-DIMENSIONAL CLEARANCES, ACCIDENTS, DAMAGES, AND/OR INJURIES. RESTRICTED TAG OR 60,000 LB REGISTERED GVW IS REQUIRED FOR OVERWEIGHT LOADS. PERMITTED VEHICLES CANNOT BYPASS ANY OPEN WEIGH STATION.

*** THIS PERMIT MAY BE VOIDED AT ANY TIME IF ANY OF THE TERMS OR CONDITIONS HAVE BEEN ALTERED OR VIOLATED ***

HTTPS://WWW.FDOT.GOV/MAINTENANCE/OWDPERMITS.SIITM

ISSUED BY: PAS

DATE: 11/16/2022

TIME: 4:43 PM

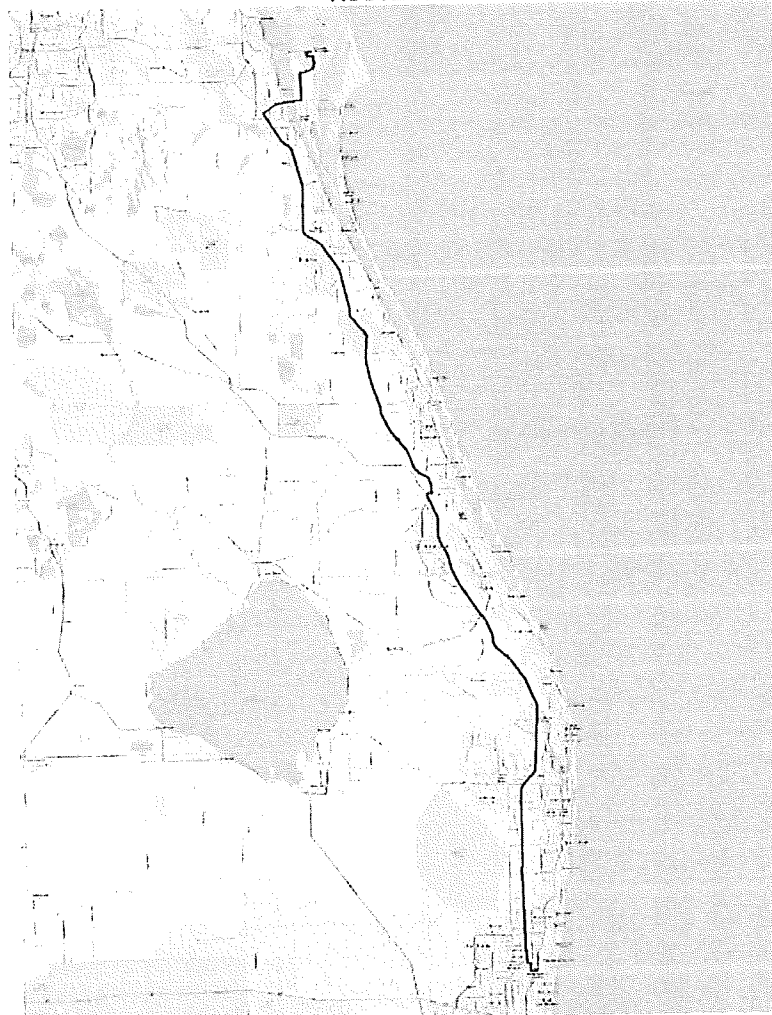
Page 3 of 3
2141706-2022-0001

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
OVERSIZE / OVERWEIGHT TRIP PERMIT

PERMIT NUMBER - 2141706 -2022-0001

EFFECTIVE DATES
11/17/2022 - 11/27/2022

ROUTE MAP



MOVEMENT SHALL BE IN COMPLIANCE WITH FLORIDA STATUTES 316.08, 316.170 AND CHAPTER 14-26, FLORIDA ADMINISTRATIVE CODE. PERMIT VALID ON STATE HIGHWAY SYSTEM ONLY. THIS PERMIT IS VALID FOR ONE TRIP ONLY. NO MOVEMENT IS PERMITTED WHEN VISIBILITY IS LESS THAN ONE THOUSAND (1000) FEET. THE ROUTE ON THE FACE OF THIS PERMIT HAS NOT BEEN REVIEWED NOR VALIDATED FOR HEIGHT, LENGTH, WIDTH, NOR LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE FOR VERIFYING THAT ADEQUATE CLEARANCE EXISTS ON ROUTE FOR ALL OVERSIZED LOADS PRIOR TO ANY MOVEMENT AND IS RESPONSIBLE FOR OBTAINING AUTHORITY FOR TRAVEL ON LOCAL ROADWAYS AND BRIDGES. THE PERMITTEE IS RESPONSIBLE AND LIABLE FOR ALL OVER-DIMENSIONAL CLEARANCES, ACCIDENTS, DAMAGES, AND/OR INJURIES. RESTRICTED TAG OR 60,000 LB REGISTERED GVW IS REQUIRED FOR OVERWEIGHT LOADS. PERMITTED VEHICLES CANNOT BYPASS ANY OPEN WEIGH STATION.

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HTTPS://WWW.FDOT.GOV/MAINTENANCE/OWDPERMITS.SIITM

ISSUED BY: PAS

DATE: 11/16/2022

TIME: 4:43 PM

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Rate & Load Confirmation



Dispatcher: Rolando D
 Phone #: 800-209-1143
 Fax #:
 Email: invoices@perpetual.llc
 W/O:
 LOAD # 30166
 Ship Date: 2022-11-15
 Today's Date: 2022-11-15

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
ALLSTAR TRANSPORTATION SERVICES LLC	239-841-7355		Hot Shot	\$500.00 USD	Open

Shipper 1

Aggreko Miami
 3601 NW 123rd St
 Miami, FL, 33167

Date: 2022-11-15

Type:
 Quantity:
 Weight: lbs

Purchase Order #:

Major Intersection:

Shipping Hours:

Appointment: No

Description: See bol

Consignee 1

1 Tropicana Field
 Saint Petersburg, FL, 33705

Date: 2022-11-15

Type:
 Quantity:
 Weight: lbs

Purchase Order #:

Major Intersection:

Receiving Hours:

Appointment: No

Description: See bol

Dispatch Notes:

QUICK PAY 5% charge available.

Carrier Pay: Line Haul: \$500.00, TOTAL: \$500.00 USD

Accepted By: Emanuel Sims Date: November 15, 2022 Signature: Emanuel Sims

Driver Name: Emanuel Sims Cell #: 239-841-7355 Truck #: 1 Trailer #: 1

EXHIBIT G

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| ◀

24 / 101

▶ |

✕

Exhibit U



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DIRECT CARRIER CONTACT

EXHIBIT J

**MC 1325615
DOT 3742861**

**Allstar Transportation Services
Always Reliable...All the Time!**

WE MOVE FREIGHT!

Safe

Reliable

Great Rates

Seasoned Drivers

EQUIPPED WITH TARPS, CHAINS, STRAPS,
COIL RACKS, MEGA RAMPS AND EVERYTHING
TO SECURE YOUR LOAD UP TO 10,000 LBS.

WE SPECIALIZE IN:

LONG HAUL SHORT HAUL

OVER-SIZED LOADS

AUTO

MACHINERY

CONTACT

(305) 988-6627

(239) 841-7355

**ACTIVE AUTHORITY
DOT COMPLIANT
7 YEAR DRIVER EXPERIENCE**

EMAIL: CONTACT@ALLSTAR-TRANS.COM

EXHIBIT H



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RELIANCE PARTNERS INS
PO BOX 11227
CHATTANOOGA, TN 37402
1-877-668-1704

Policy number:
Underwritten by:
Progressive Express Ins Company
NAIC Number: 10193
August 30, 2022
Page 1 of 2

Certificate of Insurance

Certificate Holder

Express Logistics LLC
540 Bailey Ln
Winchester, VA 22602

Insured

Alister Transportation Services LLC
4846 ATWATER DR
NORTH PORT, FL 34288

Agent

RELIANCE PARTNERS INS
PO BOX 11227
CHATTANOOGA, TN 37402

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Jan 3, 2022 Policy Expiration Date: Jan 3, 2023

Insurance coverage(s)	Limits
Body Injury/Property Damage	\$1,000,000 Combined Single Limit
Personal Injury Protection	\$10,000 w/10 Ded - Named Insured Only

Motor Truck Cargo coverage part

Description	Limit	deductible
Motor Truck Cargo	\$100,000	\$2,500

Description of Location/Vehicles/Special Items

Scheduled autos only

Description	Limit	deductible	Stated Amount
2022 RAM 2500			\$72,000
Comprehensive	\$2,500 Ded		
Collision	\$2,500 Ded		
2022 Trail Trailer			\$15,713
Comprehensive	\$2,500 Ded		
Collision	\$2,500 Ded		



Policy number:
Alister Transportation Services LLC
Page 2 of 2

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

Form 8244 (05/18)

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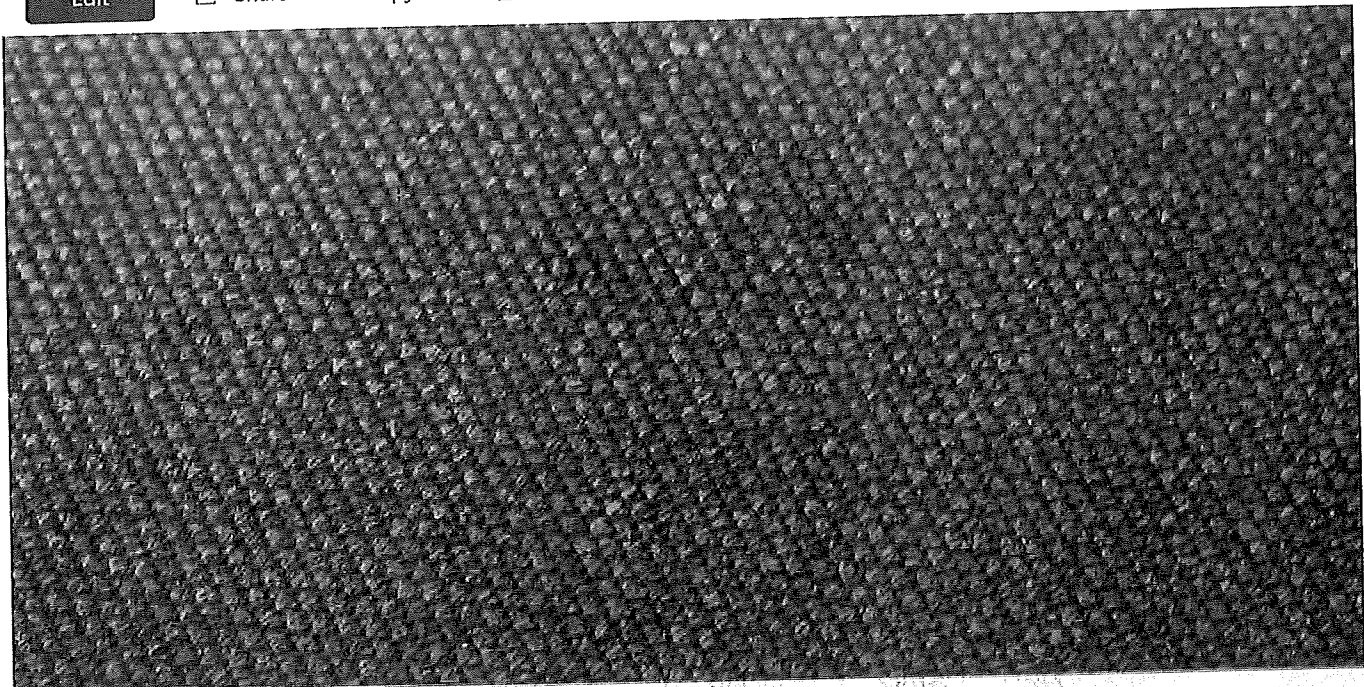
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Florida

CDL



CLASS E



4d DL# [REDACTED]

SIMS
EMANUEL ORIN

[REDACTED]

5 SEX M

4b EXP 06/09/2025 16 HGT 6'-01"

12 REST NONE 9a END P

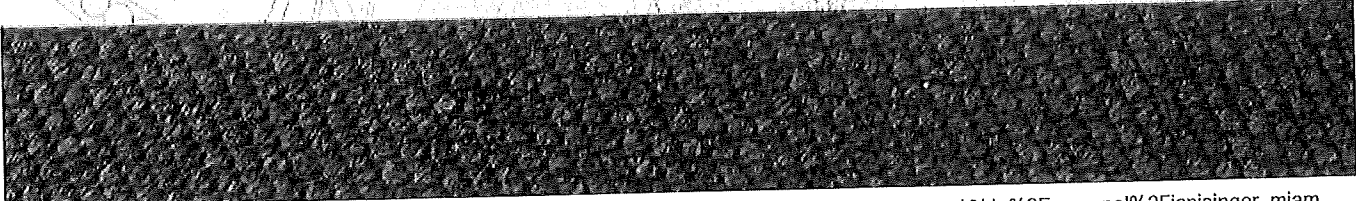
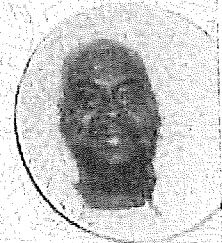
DONOR

4a ISS 01/24/2017

SDD M792111010107

REPLACED 11/01/2021

Operation of a motor vehicle constitutes consent to any sobriety test required by law





2023 UCR Registration is VALID!



Confirmation # 000-0345-3061

Registered on: 10/13/2022 11:11 EST

Generated: 10/13/2022 11:11 EST

Year: 2023

Paid:	Date	Bracket	UCR Fee	Conv. Fee	Total
	10/13/2022	Tier 1 [1 veh.]	\$41.00	\$1.22	\$42.22

Bracket: 0 to 2 vehicles [1 vehicle(s)]

USDOT #: 3742861

Classifications: Motor Carrier

Legal Name: ALLSTAR TRANSPORTATION SERVICES LLC

Base State: US_GA

Principal: 4946 ATWATER DR
NORTH PORT, FL 34288
US

Payor: ALLSTAR TRANSPORTATION SERVICES LLC

*** Expires: 12/31/2023 ***

Open ▾

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2023 UCR Registration is VALID!



Confirmation # 000-0345-3061

Registered on: 10/13/2022 11:11 EST

Generated: 10/13/2022 11:11 EST

Year: 2023

Paid:	Date	Bracket	UCR Fee	Conv. Fee	Total
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Principal: 4946 ATWATER DR
NORTH PORT, FL 34288
US

Payor: ALLSTAR TRANSPORTATION SERVICES LLC

*** Expires: 12/31/2023 ***

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Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form
(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: Sims First Name: Emanuel Middle Initial: 0 Date of Birth: _____ Age: 45
 Street Address: 4946 Atwater Drive City: North Port State/Province: FL Zip Code: 34288
 Driver's License Number: _____ Issuing State/Province: Florida Phone: (239) 841-7355
 E-Mail (optional): contact@allstar-trans.com CLP/CDL Applicant/Holder*: Yes No
 Driver ID Verified By**: _____
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No Not Sure

I had surgery on my _____ years old.

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? Yes No Not Sure
 If "yes," please describe below.

(Attach additional sheets if necessary)

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Last Name: Sims First Name: Emanuel DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Not		
	Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion)			
2. Seizures/epilepsy			
3. Eye problems (except glasses or contacts)			
4. Ear and/or hearing problems			
5. Heart disease, heart attack, bypass, or other heart problems			
6. Pacemaker, stents, implantable devices, or other heart procedures			
7. High blood pressure			
8. High cholesterol			
9. Chronic (long-term) cough, shortness of breath, or other breathing problems			
10. Lung disease (e.g., asthma)			
11. Kidney problems, kidney stones, or pain/problems with urination			
12. Stomach, liver, or digestive problems			
13. Diabetes or blood sugar problems Insulin used			
14. Anxiety, depression, nervousness, other mental health problems			
15. Fainting or passing out			
16. Dizziness, headaches, numbness, tingling, or memory loss			
17. Unexplained weight loss			
18. Stroke, mini-stroke (TIA), paralysis, or weakness			
19. Missing or limited use of arm, hand, finger, leg, foot, toe			
20. Neck or back problems			
21. Bone, muscle, joint, or nerve problems			
22. Blood clots or bleeding problems			
23. Cancer			
24. Chronic (long-term) infection or other chronic diseases			
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring			
26. Have you ever had a sleep test (e.g., sleep apnea)?			
27. Have you ever spent a night in the hospital?			
28. Have you ever had a broken bone?			
29. Have you ever used or do you now use tobacco?			
30. Do you currently drink alcohol?			
31. Have you used an illegal substance within the past two years?			
32. Have you ever failed a drug test or been dependent on an illegal substance?			

Other health condition(s) not described above:

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below:

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: Emanuel Sims Date: 10/27/2022

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Last Name: Sims First Name: Emanuel DOB: _____ Exam Date: _____

TESTING

Pulse Rate: _____ Pulse rhythm regular: Yes No Height: feet inches Weight: pounds

Blood Pressure		Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting				Urinalysis is required. Numerical readings must be recorded.				
Second reading (optional)								

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other testing if indicated

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/ _____	20/ _____	Right Eye: _____ degrees
Left Eye:	20/ _____	20/ _____	Left Eye: _____ degrees
Both Eyes:	20/ _____	20/ _____	

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors Yes No

Monocular vision Yes No

Referred to ophthalmologist or optometrist? Yes No

Received documentation from ophthalmologist or optometrist? Yes No

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: Right Ear Left Ear Neither

Whisper Test Results
Record distance (in feet) from driver at which a forced whispered voice can first be heard

	Right Ear	Left Ear
Distance:	_____	_____

OR

Audiometric Test Results

	Right Ear:	Left Ear:
500 Hz	_____	_____
1000 Hz	_____	_____
2000 Hz	_____	_____
Average (right):	_____	Average (left): _____

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Abdomen	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/spine	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Last Name: Sims First Name: Emanuel DOB: _____ Exam Date: _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- Does not meet standards (specify reason): _____
- Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- Meets standards, but periodic monitoring required (specify reason): _____
 Driver qualified for: 3 months 6 months 1 year other (specify): _____
 Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
 Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- Determination pending (specify reason): _____
 Return to medical exam office for follow-up on (must be 45 days or less): _____
 Medical Examination Report amended (specify reason): _____
 (if amended) Medical Examiner's Signature: _____ Date: _____
- Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State:

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____

Medical Examiner's Certificate Expiration Date:

Last Name: Sims First Name: Emanuel DOB: _____ Exam Date: _____

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

- Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____
- Meets standards in 49 CFR 391.41 with any applicable State variances
- Meets standards, but periodic monitoring required (specify reason): _____
 Driver qualified for: 3 months 6 months 1 year other (specify): _____
- Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
- Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State)

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State:

- MD DO Physician Assistant Chiropractor Advanced Practice Nurse
- Other Practitioner (specify): _____

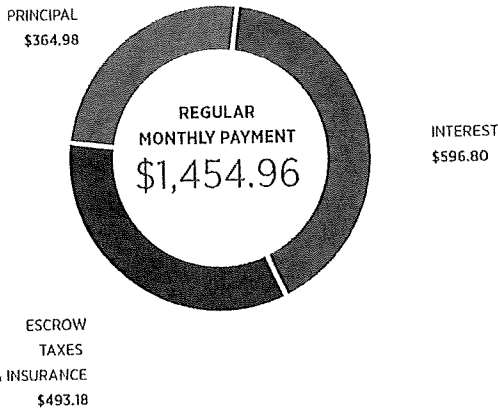
National Registry Number: _____

Medical Examiner's Certificate Expiration Date:



RETURN SERVICE ONLY
PLEASE DO NOT SEND MAIL TO THIS ADDRESS
PO Box 818060
5801 Postal Road
Cleveland, OH 44181

EMANUEL O SIMS
4946 ATWATER DR
NORTH PORT, FL 34288



EXPLANATION OF AMOUNT DUE

REGULAR MONTHLY PAYMENT	\$1,454.96
TOTAL FEES & CHARGES	\$0.00
OVERDUE PAYMENT(S)	\$0.00
PARTIAL PAYMENT (UNAPPLIED)	\$0.00
TOTAL AMOUNT DUE	\$1,454.96
TRIAL/WORKOUT PAYMENT AMOUNT	\$0.00

MORTGAGE LOAN STATEMENT

STATEMENT DATE: 09/13/2022
PAYMENT DUE DATE: 10/01/2022
LOAN NUMBER: AMOUNT DUE

PROPERTY ADDRESS:
4946 ATWATER DR
NORTH PORT, FL 34288

\$1,454.96

If payment is received on or after 10/17/2022, a \$48.09 late fee will be charged.

QUESTIONS? WE'RE HERE TO HELP.

CUSTOMER SERVICE: 888-480-2432
Mon-Thu 7 a.m. to 8 p.m. (CT)
Fri 7 a.m. to 7 p.m. (CT)
Sat 8 a.m. to 12 p.m. (CT)
www.mrcooper.com

ACCOUNT OVERVIEW

INTEREST BEARING PRINCIPAL BALANCE: \$212,196.60
INTEREST RATE: 3.375%
NON-INTEREST BEARING PRINCIPAL BALANCE***: \$4,910.25
ESCROW BALANCE: \$438.96

***The Non-Interest Bearing Principal Balance includes all deferred amounts related to a mortgage assistance program.

The Principal Balance does not represent the payoff amount of your account and is not to be used for payoff purposes.

PAST PAYMENTS BREAKDOWN

CATEGORY	PAID SINCE 08/10/2022	PAID YEAR TO DATE
PRINCIPAL	\$726.88	\$1,797.49
INTEREST	\$1,196.68	\$3,011.41
ESCROW (TAXES & INSURANCE)	\$759.84	\$1,903.72
OPTIONAL INSURANCE	\$0.00	\$0.00
FEES & CHARGES	\$25.00	\$25.00
LENDER PAID EXPENSES	\$0.00	\$0.00
PARTIAL PAYMENT (UNAPPLIED)	\$0.00	\$0.00
TOTAL	\$2,708.40	\$6,737.62

HERE'S SOME HELPFUL INFORMATION

If the COVID-19 Pandemic has impacted your ability to make your mortgage payment, visit our COVID-19 Resource Center at mrcooper.com/forbearance. There's a fast and easy online application if you decide this program is right for you.

Want to make payments even easier? Pay online at www.mrcooper.com, on the go with the Mr. Cooper app, or by setting up AutoPay. No matter how you pay, we'll never charge a transaction fee.

Please note the overnight payment address has changed. Please see the back of the statement for the updated address.

Be the first to receive discount alerts, offers and new products by signing up for Mr. Cooper's text alerts. Simply, text JOIN to COOPER (266737)

TRANSACTION ACTIVITY (08/10/2022 to 09/13/2022) (See page 2 for more transactions)

DATE	DESCRIPTION	TOTAL	PRINCIPAL	INTEREST	ESCROW	OTHER
09/12/2022	BORR PAID MI DISBURSED	\$106.96			\$106.96	
09/10/2022	NSF Charges Payment	\$25.00				\$25.00
09/10/2022	Payment	\$1,341.70	\$363.95	\$597.83	\$379.92	
08/12/2022	Payment	\$1,341.70	\$362.93	\$598.85	\$379.92	

Mr. Cooper is a brand name for Nationstar Mortgage LLC. Nationstar Mortgage LLC is doing business as Nationstar Mortgage LLC d/b/a Mr. Cooper. Mr. Cooper is a registered service mark of Nationstar Mortgage LLC. All rights reserved.
If you are a successor in interest (received the property from a relative through death, devise, or divorce, and you are not a borrower on the loan) that has not assumed, or otherwise become obligated on the debt, this communication is for informational purposes only and is not an attempt to collect a debt from you personally.

IMPORTANT PAYMENT INFORMATION

- It is important to use the remittance stub and envelope provided since both contain computer encoding that will help ensure prompt and accurate posting of payments. Always include your loan number on your check or money order. However, should you not receive your statement, **DO NOT DELAY PAYMENT**. Simply write your loan number on your check or money order and mail to the payment address as provided in the **Contact Information** section below.
- Do not send cash or correspondence as this could delay processing. Correspondence should be sent to the address provided in the **Contact Information** section below.
- Please be advised that if your account is delinquent or if there are fees and charges due, your account may not be paid ahead nor may principal reduction payments be applied. When Mr. Cooper receives a remittance that is in excess of a payment amount, that excess is applied to your account in accordance with a predetermined sequence: 1) Principal and Interest due; 2) Applicable Escrow amounts; 3) Fees and other charges assessed to your account. Once this sequence has been satisfied, you may give specific instructions as to how you would like excess amounts to be applied to your account by noting your preference on the face of your remittance stub.
- Any lump sum received that is not accompanied by a payoff quote will be applied according to our standard payment application rules. This will not result in satisfaction and reconveyance/release unless amount tendered satisfies all amounts due and owing on the account.
- A Schedule of Fee for Select Services may be found on our website at www.mrcooper.com.

SERVICEMEMBERS CIVIL RELIEF ACT

The Servicemembers Civil Relief Act (SCRA) may offer protection or relief to members of the military who have been called to active duty. If you are a member of the military who has been called to active duty or received a Permanent Change of Station order and you have not already made us aware, please forward a copy of your orders to us at:
Mr. Cooper, Attn: Military Families, P.O. Box 619098, Dallas, TX 75261-9741, fax 855-856-0427 or email MilitaryFamilies@mrcooper.com. Be sure to include your loan number with the copy of the orders. Please visit our website at www.mrcooper.com for complete details regarding Legal Rights and Protections Under the SCRA.

LATE CHARGES AND OVERDRAFT FEES

Payments received and posted after a grace period will be assessed a late charge. The late charge rate and number of grace days are shown on your Note. Please allow adequate time for postal delays as the receipt and posting date will govern the assessment of a late charge. Partial payments cannot be applied. If a payment is credited to your account and subsequently dishonored by your bank, Mr. Cooper will reverse that payment and assess your loan account an insufficient funds fee of up to \$50.00, as permitted by applicable law. (This fee may vary by state.)

HOMEOWNER COUNSELING NOTICE

If your loan is delinquent, you are entitled to receive homeownership counseling from an agency approved by the United States Department of Housing and Urban Development (HUD). A list of the HUD-approved, nonprofit homeownership counseling agencies may be downloaded from the Internet at: <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or by calling the HUD toll free number 1-800-569-4287 (toll free TDD number 1-800-877-8339) to obtain a list of approved nonprofit agencies serving your residential area.

NEW YORK STATE RESIDENTS

For those customers who reside in the state of New York, a borrower may file complaints about the Servicer with the New York State Department of Financial Services or may obtain further information by calling the Department's Consumer Help Unit at 1-800-342-3736 or by visiting the Department's website at www.dfs.ny.gov. Mr. Cooper is registered with the New York Superintendent of Financial Services.

You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

PAYMENT OPTIONS

AUTOPAY Allows you to have your payment automatically debited, each month, from the checking or savings account of your choice. Mr. Cooper does not charge a fee to activate this service. Call 888-480-2432 for more information or visit our website at www.mrcooper.com.

ONLINE PAYMENT Allows you to sign in to your account anytime to make a payment. There is no charge for this service. Sign in to www.mrcooper.com.

AUTOMATED PHONE PAYMENT Is a pay-by-phone service provided through our automated phone system. There is no charge for this service. Call 888-480-2432.

AGENT ASSISTED PAYMENT Is a pay by phone service provided by a customer service agent. Call 888-480-2432 and speak with an agent. There is no charge for this service.

PAY BY MAIL Detach the coupon provided with this statement and mail it with your check or money order in the envelope provided. Please write your loan number on your payment and allow adequate time for postal delays as the receipt and posting date will govern the assessment of late charges. Send payment via express or overnight mail to Mr. Cooper, Attn: Payment Processing - 650783, 3000 Kellway Drive, Suite 120, Carrollton, TX 75006.

WIRE Allows you to send payoff/reinstatement funds via wire transfer. Visit our website www.mrcooper.com or refer to your payoff statement for wiring instructions.

MONEYGRAM EXPRESSPAYMENT Ensures same-day delivery of your payment to Mr. Cooper. Visit your local MoneyGram Agent. Call 1-800-926-9400 to locate the one nearest you. Complete the ExpressPayment form, providing your name and Mr. Cooper loan number. The MoneyGram Receive Code is ***1678***. All ExpressPayment transactions require cash. The agent will charge a fee for this service.

WESTERN UNION QUICKCOLLECT Ensures same-day delivery of your payment to Mr. Cooper. Visit your local Western Union Agent. Call 1-800-325-6000 to locate the one nearest you. Complete the QuickCollect form with your name and Mr. Cooper loan number, indicating:

Pay to: Mr. Cooper Code City: MRCOOPER State: TX
All QuickCollect transactions require cash. Western Union will charge a fee for this service.

NOTICE TO CUSTOMERS MAKING PAYMENTS BY CHECK

Authorization to Convert Your Check: If you send us a check to make your payment, your check may be converted into an electronic fund transfer. An electronic fund transfer is the process in which your financial institution transfers funds electronically from your account to our account. By sending your completed signed check to us, you authorize us to copy your check and use the information from your check to make an electronic funds transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic fund transfer from your account will usually occur within 24 hours of our receipt of your check. If the electronic fund transfer cannot be completed because of insufficient funds, you may be assessed an NSF fee in connection with the attempted transaction.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. You will not receive your original check back from your financial institution. For security reasons, your original check will be destroyed, but we will keep a secured copy of the check for record keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your statement was not properly authorized or is otherwise incorrect. Consumers have protections under the Electronic Fund Transfer Act for any unauthorized or incorrect electronic fund transfer.

CONTACT INFORMATION

CUSTOMER SERVICE: 888-480-2432, Monday through Thursday 7 a.m. to 8 p.m. (CT), Friday 7 a.m. to 7 p.m. (CT), and Saturday 8 a.m. to 12 p.m. (CT)
[Calls may be monitored and/or recorded for quality assurance purposes].

24-HOUR AUTOMATED ACCOUNT INFORMATION: Sign in to www.mrcooper.com OR call 888-480-2432.

MAILING ADDRESSES: For Mr. Cooper are listed below. Please carefully select the address suited to your needs and remember, sending payments to any address other than the one specifically identified for payments will result in delays and may result in additional fees being assessed to your account.

PAYMENTS:	NOTICE OF ERROR/ INFORMATION REQUEST/QWR*:	OVERNIGHT DELIVERY CORRESPONDENCE:	INSURANCE RENEWALS/ BILLS:	TAX NOTICES/ BILLS:	BANKRUPTCY NOTICES/ PAYMENTS:
PO Box 60516 City of Industry, CA 91716-0516	PO Box 619098 Dallas, TX 75261-9741	Lake Vista 4 800 State Highway 121 Bypass Lewisville, TX 75067	PO Box 7729 Springfield, OH 45501-7729 Fax (800) 687-4729	PO Box 9225 Coppell, TX 75019 Fax (817) 826-1861	PO Box 619094 Dallas, TX 75261-9741

*PURSUANT TO RESPA, A "QUALIFIED WRITTEN REQUEST" (QWR) REGARDING THE SERVICING OF YOUR LOAN, A NOTICE ASSERTING THAT AN ERROR OCCURRED WITH RESPECT TO YOUR LOAN OR A NOTICE REQUESTING INFORMATION WITH RESPECT TO YOUR LOAN MUST BE SENT TO THIS ADDRESS: Mr. Cooper PO Box 619098, Dallas, TX 75261-9741, Attn: Customer Relations Officer. A "qualified written request" must comply with the requirements of RESPA, as follows: Qualified written request; defined. A qualified written request means a written correspondence (other than notice on a payment coupon or other payment medium supplied by the servicer) that includes, or otherwise enables the servicer to identify, the name and account of the borrower, and includes a statement of the reasons that the borrower believes the account is in error, if applicable, or that provides sufficient detail to the servicer regarding information relating to the servicing of the loan sought by the borrower. A QWR, notice of error or request for information is not timely if it is delivered to a servicer more than 1-year after either the date of transfer of servicing or the date that the mortgage loan is discharged, whichever date is applicable.

Mr. Cooper, its affiliates, successors or its assigns or their officers, directors, agents, or employees, are neither liable nor responsible for, or make any representation regarding the products or services offered on any enclosed inserts.





RETURN SERVICE ONLY
 PLEASE DO NOT SEND MAIL TO THIS ADDRESS
 PO Box 818060
 5801 Postal Road
 Cleveland, OH 44181

MORTGAGE LOAN STATEMENT

STATEMENT DATE
 09/13/2022

PAYMENT DUE DATE
 10/01/2022

LOAN NUMBER

AMOUNT DUE
\$1,454.96

PROPERTY ADDRESS
 4946 ATWATER DR
 NORTH PORT, FL 34288

*If payment is received on or
 after 10/17/2022, a \$48.09
 late fee will be charged.*

QUESTIONS? WE'RE HERE TO HELP.

CUSTOMER SERVICE: 888-480-2432
 Mon-Thu 7 a.m. to 8 p.m. (CT)
 Fri 7 a.m. to 7 p.m. (CT)
 Sat 8 a.m. to 12 p.m. (CT)
www.mrcooper.com

TRANSACTION ACTIVITY (08/10/2022 TO 09/13/2022) (See page 2 for more transactions)

DATE	DESCRIPTION	TOTAL	PRINCIPAL	INTEREST	ESCROW	OTHER
08/10/2022	BORR PAID MI DISBURSED	\$106.96			\$106.96	
08/07/2022	Reversal-Payment	\$1,341.70	\$362.93	\$598.85	\$379.92	
08/07/2022	Insufficient Funds Fee	\$25.00				\$25.00

mr.
cooper[®]

Make Life More Affordable
Call 855-781-7996
Reservation ID:

Life Getting Expensive? **Access Up to \$70,123.00* of Your Equity to Help.**

Emanuel,

We know life is more expensive these days.

Here's the good news: **You can turn your hard-earned equity into cash to help cover unexpected expenses or pay for exciting new projects.**

According to our records, you can cash-out up to \$70,123.00*.

Call 855-781-7996 today to learn more and get started.

Sincerely,
Your Home Loan Team at Mr. Cooper

You've Earned It. Access Your Equity Today
855-781-7996
Reservation ID:



4 msgs/mo. Message and data rates may apply.
Terms and conditions at <http://myccc/TCHC>

Hours of Operation: Mon-Thur 7 am to 9 pm CT / Friday 7 am to 7 pm CT / Saturday 8 am to 5 pm CT

*Available cash or cash-out amount is an estimate of the equity you may be able to withdraw. It is based on the highest estimated current value of your property minus the estimated current amount owed. Closing costs may affect amount of cash-in-hand. For most conventional and FHA loan products, it assumes you can withdraw up to 80% of the equity. For VA loans, it assumes you can withdraw up to 90% of the equity. If you do not occupy the property, it assumes you can withdraw between 70-75% of the equity, depending on the number of loans. This offer is operated by Mr. Cooper's affiliate Xome[®] by application of various mathematical formulas/techniques using available local market data. For more information, visit myccc.com.

EXHIBIT I

Edit

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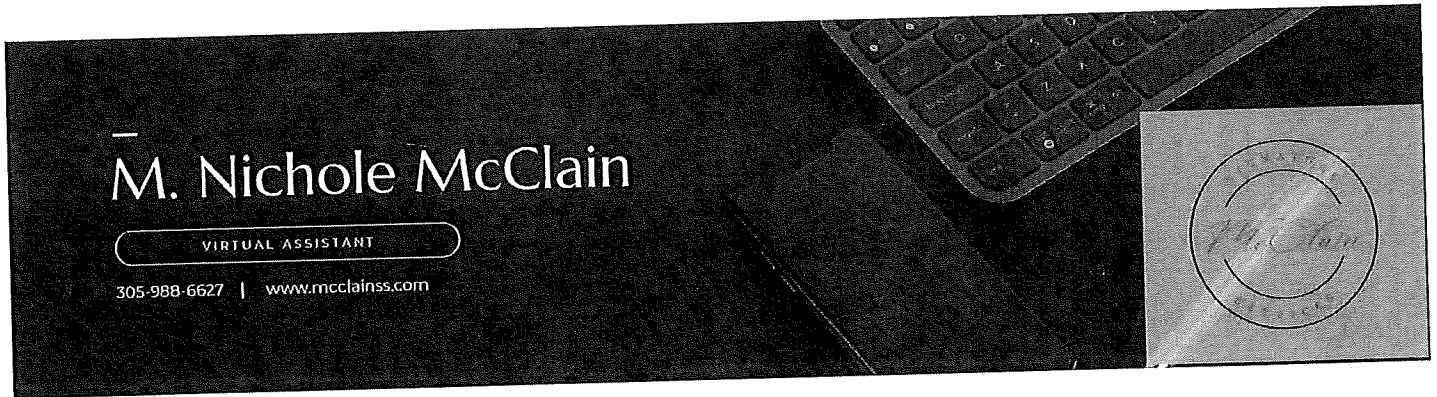
...



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EXHIBIT B



Edit

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...



92 / 101



EXHIBIT C

M. Nichole McClain
VIRTUAL ASSISTANT
305-988-6627 | www.mcclainss.com

Edit

Share

Copy link

Download

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EXHIBIT D

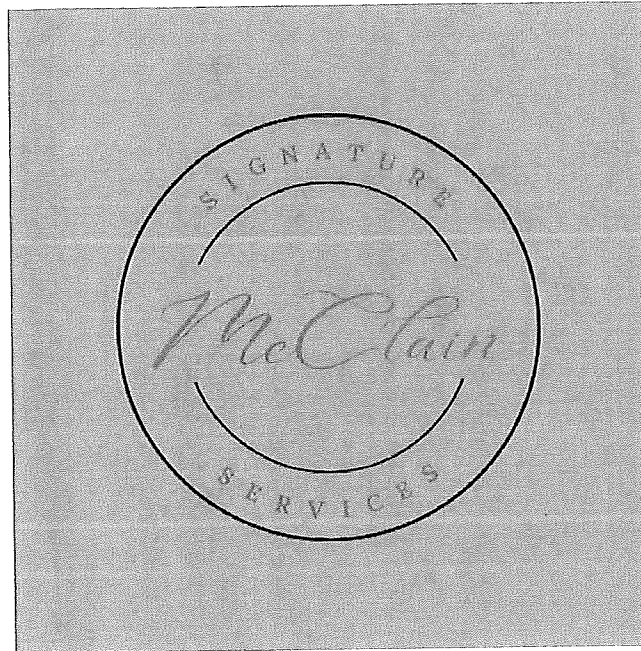


EXHIBIT J

December 14, 2021

Agreement between:

Ms. Lakeise Martin
1280 NW 128TH Street
North Miami, FL 33167

&

Mr. David James
227 W 25TH Street
West Palm Beach, FL 33404

Re: Case # 2021-66046 / 2019 Dodge Caravan / VIN

Damages occurred to a 2019 Red Dodge Caravan, which took place in North Miami, FL, on Sunday, December 12, 2021, costs \$1,500.00 to repair per an estimate by Napletons Collision Center, 3626 Northlake Blvd B, Palm Beach Gardens, FL 33403 on Monday, December 13, 2021 at 8:47AM.

Payment has been made in full on Tuesday, December 14, 2021, in person, to the owner of the 2019 Red Dodge Caravan, Mr. David James, by way of two money orders: a \$1,000.00 Money Order and a \$500 Money Order, which will satisfy all repair costs to the 2019 Red Dodge Caravan.

Ms. Lakeise Martin

Notary Seal:



Notarized By:

Montrice McClain

Mr. David James

December 14, 2021

Agreement between:

Ms. Lakeise Martin
1280 NW 128TH Street
North Miami, FL 33167

&

Mr. David James
227 W 25TH Street
West Palm Beach, FL 33404

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Ms. Lakeise Martin

Notary Seal:



Notarized By:

Montrice McClain

Mr. David James

NAPLETONS COLLISION CENTER

Months 40
 7/4/2013
 4110 11 411

Registration, Decoded by NAME POWER (2010)
 3001 NAPLES LAKE BLVD., NAPLES BEACH, FL 34109

Phone: (813) 437-8940
 FAX: (813) 437-8943

Preliminary Estimate

Customer: James David

Vehicle No. 0000000000

Model: 2008 Chevy
 Year of Coll: 2008
 Make of Coll: Chevy
 Owner:
 James David
 3001 NAPLES LAKE BLVD.

Registration Location:
 NAPLETONS COLLISION CENTER
 3001 NAPLES LAKE BLVD
 NAPLES BEACH, FL 34109
 Phone: (813) 437-8940

Color: #
 Body Style: 2 Dr

Insurance Company

VEHICLE

2008 Chevrolet Cobalt LTZ 4-Door FWD Flex Fuel Intermediate 4Cyl

Year: 2008
 License: 1A
 Make: Chevy

Model Code: 2008LTZ
 Engine Code: 4Cyl FWD
 Make Code: 1A

POWER
 Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors
 Power Windows
 Power Driver Seat
SECON
 Dual Mirrors
 Side Side Headings
 Heavy Steel
 Cruise Control
 Power Windows
CONVENIENCE
 Air Conditioning
 Interlocked Doors

1st Wheel
 Cruise Control
 Rear Seating
 Manual Entry
 Awn
 Standing Wheel Touch Control
 Side Window Mount
 Power Mirror
 Cruise Control
 Dual Air Conditioner
 Backup Camera
 Dual Power Entry Keys
 Remote Start
SAFETY
 Air Bag
 1st Bag
 1st Bag

Transmission
 Oil Filter
 Auxiliary Air Inlet Valve
SAFETY
 Driver Side Air Bag
 Passenger Air Bag
 Side Curtain Air Bag
 2 Wheel Air System
 Traction Control
 Vehicle Control
 Front Side Impact Air Bag
 Head Curtain Air Bag
 Head Side Impact
ROOF
 Original Steel Roof
SEATS
 Reclining Driver Seat

1st Row Seat
 2nd Row Seat
 3rd Row Seat
WHEELS
 Anti-lock Braking System
FRONT
 Clear Coat Paint
OTHER
 Fog Lamps
 Rear Spoiler
 Customized Equipment
TRAILER
 Rear Side Bumper
 Rear Truck Bumper

Preliminary Estimate

DATA FOR: James, David

1015 100th Street (S) 1015 101st St S - 1015 Fax Full Duplex 1015

Line	Item	Description	Part Number	Qty	Extended Price \$	Labour	Fixed	
1	F	padding adhesive adhesive after		1				
2	F	padding adhesive adhesive after		1		1.0 H		
3	F	padding adhesive adhesive after		1		1.0 H		
4	FRONT BENCH							
5		Exp Add for top bench		1		3.0		
6		Exp Add for bench seat		1		3.0		
7		Exp Bumper cover	400000000	1	140.00	3.0	2.0	
8		Add for Clear Coat		1		3.0		
9		Add for moldings		1		3.0		
10		Exp 17 Flg Bump Seat	400000000	1	14.00	3.0		
11		Exp 17 Bumper cover material	511111700	1	14.00			
12	REAR							
13		Add Bumper & top chrome	400000000	1	140.00	3.0		
14	FRONT LAMPS							
15		Exp 17 Head Lamp with stock	111111700	2	128.00	4.0		
16		Exp Headlamp				2.0		
17	DOOR							
18		Exp Head of (RUC)				6.0	2.0	
19		Add for Clear Coat					2.0	
20	SEAT							
21		Exp 17 Front				2.0	2.0	
22		Exp 17 Rear					2.0	
23		Add for Clear Coat					2.0	
24		Exp 17 Bumper Seat				6.0		
25	PILLAR, ROCKER & FLOOR							
26		Exp 17 Rocker material				6.0		
27		Exp 17 Floor		1	4.00			
28		PAVING		1	10.00			
29		Car Cover		1	5.00			
30		Exp COOLANT & FLUID					1.0	
31		Exp COOLANT					1.0	
SUBTOTALS					1,316.20	12.2	13.5	

Preliminary Estimate

Job Number:

Customer: JAMES, DAVID
 10000 Grand Canyon Dr 40 WAS B-281, Red Ford Dearborn MI

Line	Qty	Description	Part Number	Qty	Extended Price \$	Labour	Paint
1		FRONT BUMPER				2.0	
2		GM Front bumper	100000000	1	344.00	Inc	2.0
3		Repl Bumper cover					1.1
4		Add for Clear Coat					
5		Repl Absorber	51823100	1	125.00	0.1	
6		RADIATOR SUPPORT				2.0	
7		Repl Upper oil bar					
8		HEAD				1.0	2.0
9		Repl Head lid (RH)					1.0
10		Add for Clear Coat					
11		FENDER					1.1
12		Repl LT Fender		1	6.00	0.3	
13		COVER CAR FOR PAINTING		1	3.00		
14		HAZARD WASTE DISPOSAL					0.3
15		RESTORE CORROSION PROTECTION					
				SUBTOTAL	477.00	5.4	9.2

ESTIMATE TOTALS

Category	Basic	Rate	Cost \$
Parts			477.00
Body Labor	5.4 hrs @	\$ 45.00 /hr	243.00
Paint Labor	2.2 hrs @	\$ 45.00 /hr	99.00
Paint Supplies	9.2 hrs @	\$ 24.00 /hr	220.80
Body Supplies	1.1 hrs @	\$ 9.00 /hr	9.90
Subtotal			1,364.70
Sales Tax	\$ 1,364.70 @	7.0000 %	95.53
Grand Total			1,460.23
Deductions			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,460.23

*IN BUSINESS SINCE 1978, AT THIS LOCATION SINCE 1992. OVER 120 YEARS COMBINED EXPERIENCE.

Vega Saraf, Stephanie

From: Montrice
Sent: Thursday, November 11, 2021 12:28 PM
To: McClain, Montrice
Attachments: Ta_niyah Passport Consent Form.pdf; attachment.txt

[THIS MESSAGE COMES FROM AN EXTERNAL EMAIL - USE CAUTION WHEN REPLYING AND OPENING LINKS OR ATTACHMENTS]

6



U.S. Department of State

OMB CONTROL NO. 1405-0129
EXPIRES: 12-31-2023
Estimated Burden: 20 minutes

STATEMENT OF CONSENT: ISSUANCE OF A U.S. PASSPORT TO A CHILD

Please Print Legibly Using Black Ink Only. If you make an error, complete a new form. Do not correct.

USE OF THIS FORM

This form is used when one or both legal parents and/or legal guardians cannot apply in person with the child for that child's passport. The legal parent/legal guardian who cannot apply with the child can give consent using this form or a written statement that includes all of the information on this form. This form or the written statement must be notarized. If the required consent is not submitted, the child may not be eligible for a U.S. passport.

- For children under the age of 16: **Both** legal parents/legal guardians must apply for the passport with the child or the legal parent/legal guardian that cannot apply with the child must complete and notarize this form to be submitted with the application.
- For children 16 or 17 years old: The Department may request the consent of one legal parent/legal guardian to the issuance of a passport to an applicant who is 16 or 17 years of age. In many cases, the passport authorizing officer may be able to ascertain parental awareness of the application by virtue of the parent's presence when the minor submits the application or a signed note from the parent or proof the parent is paying the application fees. However, the passport authorizing officer retains discretion to request the legal parent's/legal guardian's notarized statement of consent to issuance (e.g., on Form DS-3053).

IMPORTANT

- If #3 on page two is not completed, consent will be valid for both passport book and card.
- Statements of consent expire 90 days after the date of notarization.
- You must submit a photocopy of the front and back of the identification you presented to the notary.
- You must sign the statement of consent in front of a notary.
- The date of the notary's signature must be the same as the date of your signature.
- This form can also be used to authorize a third party to apply for a child's passport on behalf of the legal parents/legal guardians who cannot apply in person.

INSTITUTIONS/ENTITIES GRANTED GUARDIANSHIP

You must submit all of the following with this form:

1. A certified court order granting guardianship to the institution/entity. Photocopies are not acceptable.
2. A signed statement from the institution/entity on letterhead authorizing a specific person to apply for a passport for the child on the child's behalf.
The statement must include the child's name and the name of the individual(s) authorized to apply for the passport.
3. A photocopy of employee identification documents proving the person applying for the child's passport works at the institution/entity.

Please ensure that none of the above documents has any conditions placed on the period of validity of the passport or where the child may travel. If there are conditions in the statement, a new statement of consent is required.

WARNING

False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621.

FOR INFORMATION AND QUESTIONS

For passport and travel information, please visit travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD/TTY 1-888-874-7793) or by email at NPIC@state.gov. For information on International Parental Child Abduction, please visit travel.state.gov/childabduction or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by email at PreventAbduction1@state.gov.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish two-parent consent for applicants under the age of 16 or one-parent consent, when requested by the Department, for applicants age 16 or 17, consistent with Public Law 106-113, Section 236.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-26, Passport Records, and State-05, Overseas Citizen Services Records and Other Overseas Records.

DISCLOSURE: Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, Attn: Forms Officer, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1199.



U.S. Department of State

OMB CONTROL NO. 1405-0129
EXPIRES: 12-31-2023
Estimated Burden: 20 minutes

STATEMENT OF CONSENT: ISSUANCE OF A U.S. PASSPORT TO A CHILD

Please Print Legibly Using Black Ink Only. If you make an error, complete a new form. Do not correct.

RESET

1. CHILD'S NAME (As it appears on form DS-11, Application for a U.S. Passport)					
Last	Sanders	First	Ta'nyiah	Middle	Akira
2. CHILD'S DATE OF BIRTH (mm/dd/yyyy)			3. THIS CONSENT IS VALID FOR A:		
			<input type="checkbox"/> Passport Book and Card <input checked="" type="checkbox"/> Book Only <input type="checkbox"/> Card Only		
4a. IS CHILD UNDER 16 YEARS OLD?			4b. IF YES, PRINT NAME OF ADULT APPLYING WITH CHILD		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Taurus Sanders		
5. STATEMENT OF CONSENT To be completed by the legal parent/legal guardian who cannot apply with the child. The legal parent/legal guardian who cannot apply with the child must complete the information below. This statement expires 90 days after the date of notarization.					
I, <u>Audrey Bent</u> , give my consent to the issuance of a United States passport to the minor child					
Print Name of Legal Parent/Legal Guardian (who cannot apply in person with the child)					
named on this application. My consent is unconditional with regards to passport validity and travel.					
Street Address		Apt#	City	State	Zip Code
				FL	
Area Code	Telephone Number		Email Address		
STOP! YOU MUST SIGN AND DATE BELOW IN FRONT OF A NOTARY.					
OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.					
Signature of Legal Parental/Legal Guardian (who cannot apply in person with the child)				Date (mm/dd/yyyy)	
IMPORTANT: You must submit a clear photocopy of the front and back of the identification you presented to the notary. The date you sign the form must be the same date that the notary signs the form.					
6. FOR COMPLETION BY NOTARY					
On the date specified above and below, the affiant listed above, who is not related to me, personally appeared before me and is known to me to be the person whose name is subscribed to and acknowledged that he/she executed the same for the uses and purposes therein contained. I have properly verified the identity of the affiant by personally viewing the below notated identification document and matching photocopy.					
Name of Notary	Print Name (Notary Public)				
Location	City, State				
Commission Expires	Date (mm/dd/yyyy)			NOTARY SEAL	
Identification Presented by Legal Parent/Legal Guardian: (who cannot apply in person with the child)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other (specify)				
Legal Parent/Legal Guardian ID Number:	Place of Issue:				
Issue Date (mm/dd/yyyy):	Expiration Date (mm/dd/yyyy):				
Signature of Notary	Date of Notarization:				

EXHIBIT K

Open ▾

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WHITE LABEL BROKER APPLICATION

2534 State Street, Suite 433 | San Diego, CA 92101
www.TradelineSupply.com | 888-844-8910

EXHIBIT E

COMPANY INFORMATION

Company Name:
McClain Signature Services LLC
Company Address:
1811 NW 69 Street

Date:
November 21, 2022

City:
Miami

State: FL Zip Code: 33147

Website(s):
www.mcclainss.com

Phone:
3059886627

Email Address For Broker Account:
book@mcclainss.com

Entity type (sole proprietor, LLC, corporation, limited partnership, etc.):
LLC

PRIMARY CONTACT INFORMATION

Full Name:
Montrice McClain
Position / Title:
Owner

Cell Phone:
3059886627

Work Phone:

Email Address:
book@mcclainss.com

Business Address (if different than company address):

City:

State:

Zip Code:

SECONDARY CONTACT INFORMATION

Full Name:

Position / Title:

Cell Phone:

Work Phone:

Email Address:

Business Address (if different than company address):

City:

State:

Zip Code:



WHITE LABEL BROKER APPLICATION

2534 State Street, Suite 433 | San Diego, CA 92101
www.TradelineSupply.com | 888-844-8910

REQUIRED DOCUMENTATION

- Business Documentation (
 - (A) Business license
 - (B) Fictitious business name, DBA
 - (C) Articles of organization (for a LLC)



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EXHIBIT L

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Control Room Supervisor – Public Works

Class Code:
4018 / Grade u15

Bargaining Unit: Unclassified

CITY OF MIAMI BEACH
Established Date: Jun 1, 2021
Revision Date: Aug 20, 2021

NATURE OF WORK:

The Control Room Supervisor oversees the activities of a three-shift, seven-day-a-week Control Room Center and a 24-hour City of Miami Beach hotline. Control room functions include: monitoring the City of Miami Beach's water, wastewater, stormwater, streets and streetlighting systems; responding to emergencies and alarms; dispatching field staff for utilities; controlling the water systems pumping, storage, and pressures; and providing after-hours support and dispatch for several non-utility City of Miami Beach departments.

ILLUSTRATIVE EXAMPLES OF ESSENTIAL DUTIES:

- Oversee the operation of the water supply and distribution system using the Supervisory Control and Data Acquisition (SCADA) system, which includes real time monitoring, historical data gathering, alarming, and generating a variety of reports for management
- Oversee the operation of the call and dispatch center to ensure customer service goals are maintained.
- Create, monitor, and follow up on the progress of all City-asset related service requests and as instructed by management
- Evaluate control room activities and provide recommendations for improvements and modifications to existing methods and processes
- Request and define upgrades to the functionality and programming of the SCADA system.
- project, schedule, manage, and track day-to-day system water usage to meet the yearly water usage goals;
- ensure work conforms to local, state, and federal governmental regulations, and other applicable rules and requirements. Prepare and complete Control Room Policies and Processes
- Monitor the CCTV security system for PW Facilities
- Serve as a primary point of contact or liaison between Control Room Operators, management, emergency management and other internal and external City stakeholders
- Maintain a safe operating environment with full regard to Health & Safety responsibilities

- Performs related work as required
- Maintain employee daily vehicle key logbook
- Maintains and produces accurate report of Submersible Sewer Station Hourly Readings and Variable Frequency Drive (VFDs) on a daily/ weekly/ monthly basis and provides it to Management for Management's submittal of Elapsed Time Filings to the Department of Environmental Resources Management (DERM)
- Maintains and produces accurate report to Management for Management's submittal of Fats, Oils, and Grease (FOG) report to DERM

MINIMUM REQUIREMENTS:

- At least one (1) year supervisory experience in a control room or dispatch center work environment; or at least two (2) years of control room operation experience
- A valid High School Diploma or GED
- At least a "Class 3" level Florida Department of Environmental Protection license in water distribution, or a Level C sewer/wastewater system collection, stormwater management certification
- At least a Level III Certificate in Utilities Maintenance

Preferred:

- A Class "B" Water Distribution Operator Certificate from the Florida Water and Pollution Control Operator's Association is preferred but not required.

KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of city government, organization and operations
- Excellent written and oral communication skills, including an exceptional ability to convey complex information to a variety of audiences
- Ability to communicate with staff, management, and City stakeholders effectively and professionally
- Ability to establish and maintain effective working relationships with other employees, city officials and the general public
- Ability to handle multiple projects efficiently
- Ability to instruct others regarding the performance of hydraulic calculations, proper water system operations, and the handling of emergency calls.
- Ability to prepare performance appraisals and provides clear communication regarding performance expectations to subordinate staff.
- Considerable knowledge of the principles of operation of a SCADA system including the creation of graphics and generation of reports
- Considerable knowledge of the general water supply and distribution practices and procedures; the normal pressure, flows, and levels for the City's water supply, stormwater and wastewater systems computer system report generation, data collection, and conversion;
- Considerable knowledge of Microsoft Office Suite

- Knowledge or use of general office equipment (fax machine, copiers, telephone communication equipment)
- Ability to understand and follow written and verbal instructions
- Ability to supervise, assign, evaluate, and train subordinate staff
- Have general knowledge of pump stations trouble shooting, maintenance, and repairs
- Create and enforce all Service Request in relation to City assets as instructed by management
- Assist with maintaining Standard Operating Procedures (SOPs) and making sure they are up to date and enforced at all times
- Ability to communicate via WebEOC during emergency events
- Ability to establish and maintain effective working relationships with elected officials, coworkers, the press the general public and members of diverse cultural and linguistic backgrounds regardless of race, religion, age, sex, disability, political affiliation, gender identity or sexual orientation.
- Ability to serve the public and fellow employees with honesty and integrity in full accord with the letter and spirit of all City ethics and conflicts of interest policies. Strong understanding of ethical behavior is required.
- Ability to maintain regular and punctual attendance.
- Ability to report to work as directed during an emergency as an essential employee of the City of Miami Beach
- Performs related work as required

PHYSICAL REQUIREMENTS:

- Must have the use of sensory skills in order to effectively communicate and interact with other employees and the public through the use of the telephone, electronic mail and personal contact
- Physical capability to effectively use and operate various items of office related equipment, such as, but not limited to, word processor, calculator, copier, and fax machine
- Continuous walking, moving, climbing, carrying, bending, kneeling, crawling, reaching, handling, sitting, standing, pushing, and pulling
- Ability to lift heavy objects
- Work in the field is required

SUPERVISION RECEIVED:

- Specific assignments are received from Infrastructure Director and Water and Sewer Superintendent, and or their designee.

- Work is performed with some supervision from Superintendent, Division Director, allowing latitude for independent judgment in the selection of work methods and procedures

SUPERVISION EXERCISED:

- Plans, organizes, evaluates, and supervises the work of skilled, semi-skilled, and unskilled personnel involved in performing a variety of functions for or on behalf of the Control Room

EXHIBIT M

EXHIBIT H

Vega Saraf, Stephanie

From: Bain, Tiffany <TiffanyBain@miamibeachfl.gov>
Sent: Wednesday, October 27, 2021 3:05 PM
To: McClain, Montrice
Subject: RE: Notary Supplies

Hi Montrice – It says the cart is empty when I click the link. Are you able to print it whenever you get back in?

MIAMIBEACH

TIFFANY K. BAIN, Office Associate V
PUBLIC WORKS DEPARTMENT - OPERATIONS
451 Dade Blvd
Miami Beach, FL 33139
Phone: 305-673-7000 ext. 22563
Email: tiffanybain@miamibeachfl.gov
Website: www.miamibeachfl.gov

Public Works Department Mission

We are a multi-disciplined department comprised of Operations, Engineering, Sanitation, and Greenspace Management divisions. Together, these divisions ensure the technologically advanced design, maintenance, functionality, delivery, and cleanliness of the City's water services and resources, roadways and greenways.

We place the utmost importance in valuing our employees and ensuring all are trained to be the most reliable, knowledgeable, environmentally-conscientious and solutions-oriented professionals who provide for the City's stakeholder needs and concerns in an efficient and socially-responsible manner to foster a better, safer, and healthier community for all to live, work, and play.

Public Works Department Vision

To be the most proactive, innovative, and dependable network of highly knowledgeable professionals who are skilled in providing stakeholders optimal service and solutions to our community's most pressing infrastructure and environmental needs.

From: McClain, Montrice <MontriceMcClain@miamibeachfl.gov>
Sent: Wednesday, October 27, 2021 2:52 PM
To: Bain, Tiffany <TiffanyBain@miamibeachfl.gov>
Subject: Notary Supplies

Hi Tiff:

Please see the cart below.

<https://www.notariesequipment.com/cart>

Kindest Regards,

MIAMI BEACH

Montrice McClain, Control Room Supervisor
Licensed Water Distribution System Operator #0026371


Request for
Notary Supplies


EXHIBIT N

**CITY OF MIAMI BEACH
REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT**

TO BE COMPLETED BY EMPLOYEE – City of Miami Beach employees may accept outside employment as long as the employment is not contrary, detrimental or adverse to the interests of the City, and as long as no City time, equipment or material is used.

This form must be completed and approved prior to beginning any outside employment. Requests for approval of outside employment must be made on a yearly basis (even if for the same outside employment that had been previously approved).

City employees engaging in outside employment must also file an "Outside Employment Statement" form with the Office of the City Clerk by July 1st of each year, in accordance with Section 2-11.1(k)(2) of the Miami-Dade County Code.

INFORMATION REGARDING CITY OF MIAMI BEACH EMPLOYEE

EMPLOYEE'S NAME: LAST NAME, FIRST NAME, MIDDLE NAME: McClain, Montrice Nichole	EMPLOYEE ID NUMBER: 22967
JOB TITLE: Control Room Supervisor	HOME TELEPHONE NUMBER: 3059886627
DEPARTMENT/DIVISION: Public Works Operations	WORK TELEPHONE NUMBER: 3056737625
SUPERVISOR'S NAME: Randy Boodoo	CELLULAR TELEPHONE NUMBER: 7865751440
NORMAL WORK DAYS AND TIMES: Monday - Friday Manual Schedule	

INFORMATION REGARDING OUTSIDE EMPLOYMENT

NAME OF BUSINESS, ORGANIZATION OR INDIVIDUAL HIRING CMB EMPLOYEE: McClain Signature Services LLC
ADDRESS OF OUTSIDE EMPLOYER: 1811 NW 69 Street
TELEPHONE NUMBER: 3059886627
JOB TITLE THAT CMB EMPLOYEE WILL HOLD: Owner
NAME OF OUTSIDE EMPLOYMENT SUPERVISOR: None
NORMAL WORK DAYS AND TIMES: Manual Schedule
DESCRIPTION OF DUTIES: Notary Services as well as trucking load booking services. Please note that Notary credentials were obtained and maintained independently.
WHAT DUTIES MIGHT BE A CONFLICT OF INTEREST WITH YOUR CMB POSITION? There are no duties that are a conflict of interest with my CMB position.
WILL YOUR PROPOSED OUTSIDE EMPLOYER RELEASE YOU IF AND WHEN YOU ARE CALLED FOR EMERGENCY SERVICE BY THE CITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CITY OF MIAMI BEACH
REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT - CONTINUED
PAGE 2 of 2

By signing below, I certify that all of the information given on page one (1) of this document is true, accurate, and complete to the best of my knowledge. I understand that all information is subject to investigation and that falsification, omission, or misrepresentation is sufficient cause for disciplinary action, up to and including termination. I also understand that I am responsible for informing my supervisor in writing if any information about my outside employment changes, especially if there arises any possible conflict of interest. Failure to do so may lead to disciplinary action, including termination of employment with the City of Miami Beach. This request for approval of outside employment will be made on a yearly basis.

EMPLOYEE NAME: Montrice McClain	EMPLOYEE ID NUMBER: 22967
EMPLOYEE SIGNATURE: <i>Montrice McClain</i>	DATE: 8/24/2022

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR, DIVISION DIRECTOR, DEPARTMENT DIRECTOR AND ASSISTANT CITY MANAGER

NAME OF SUPERVISOR	PLEASE CIRCLE ONE	SUPERVISOR SIGNATURE & DATE
Randy Boodoo	APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	
NAME OF DIVISION DIRECTOR	PLEASE CIRCLE ONE	DIVISION DIRECTOR SIGNATURE & DATE
Lys Desir Jr.	APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	<i>[Signature]</i> 08/24/2022
NAME OF DEPARTMENT DIRECTOR	PLEASE CIRCLE ONE	DEPARTMENT DIRECTOR SIGNATURE & DATE
Jose Gomez	APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	<i>[Signature]</i> 8/30/2022 3:08 PM EDT
HUMAN RESOURCES DIRECTOR	PLEASE CIRCLE ONE	DEPARTMENT DIRECTOR SIGNATURE & DATE
Marla Alpizar	APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	<i>[Signature]</i> 8/31/2022 9:44 AM EDT
ASSISTANT CITY MANAGER	PLEASE CIRCLE ONE	ASSISTANT CITY MANAGER SIGNATURE & DATE
Lester Sola	APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	<i>[Signature]</i> 8/31/2022 8:43 AM EDT

If you have any questions regarding outside employment, please contact the Human Resources Department at 305.673.7524.



OUTSIDE EMPLOYMENT STATEMENT
For Full-time County and Municipal Employees

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Full-time County (including Public Health Trust) and municipal employees engaging in outside employment must file an annual disclosure report by July 1st of each year, in accordance with Section 2-11.1(k)(2) of the Miami-Dade County Code.

FEB 16 2023

RECEIVED

Disclosure for Tax Year Ending 2021	Last Name McClain	First Name Montrice	Middle Name/Initial N
Mailing Address – Street Number, Street Name, or P.O. Box 1811 NW 69 Street			RECEIVED
City, State, Zip Miami, FL 33147			FEB 16 2023

CITY OF MIAMI BEACH

If your home address is exempt from public records pursuant to Florida Statutes §119.07, please see note on the following page and check here.

Filing as an Employee (check one)

<input type="checkbox"/> County <input type="checkbox"/> Public Health Trust <input checked="" type="checkbox"/> Municipal <u>City of Miami Beach</u> (Municipality)		
Department Public Works	Division Operations	
Position or Title Control Room Supervisor	Employee ID Number 22967	Work telephone (305) 673-7625

Please list the sources of outside employment (including self-employment), the nature of the work, and the total amounts of money or other compensation you received for each source of outside employment. If no income or compensation was received from a particular outside employment, enter zero (0) for that organization in the section below. **If continued on a separate sheet, check here.**

Name and Address of the Source of Outside Income	Nature of the Work Performed	Total Amount of Money or Compensation Received
McClain Signature Services LLC	Notary and Administrative Services	\$ 500.00

I hereby swear (or affirm) that the information above is a true and correct statement.

Montrice McClain
Signature of Person Disclosing

2-15-2023
Date signed

RECEIVED BY ELECTIONS DEPARTMENT:

Hardcopy
 Electronic Copy



OUTSIDE EMPLOYMENT STATEMENT

For Full-time County and Municipal Employees

RECEIVED

FEB 16 2023

Full-time County (including Public Health Trust) and municipal employees engaging in outside employment must file an annual disclosure report by July 1st of each year, in accordance with Section 2-11.1(k)(2) of the Miami-Dade County Code.

CITY OF MIAMI BEACH
OFFICE OF THE COUNTY CLERK

Disclosure for Tax Year Ending	Last Name	First Name	Middle Name/Initial
2020	McClain	Montrice	N
Mailing Address – Street Number, Street Name, or P.O. Box			
1811 NW 69 Street			
City, State, Zip			
Miami, FL 33147			

If your home address is exempt from public records pursuant to Florida Statutes §119.07, please see note on the following page and check here.

Filing as an Employee (check one)

<input type="checkbox"/> County <input type="checkbox"/> Public Health Trust <input checked="" type="checkbox"/> Municipal City of Miami Beach <div style="text-align: right; font-size: small;">(Municipality)</div>		
Department	Division	
Public Works	Operations	
Position or Title	Employee ID Number	Work telephone
Control Room Supervisor	22967	(305) 673-7625

Please list the sources of outside employment (including self-employment), the nature of the work, and the total amounts of money or other compensation you received for each source of outside employment. If no income or compensation was received from a particular outside employment, enter zero (0) for that organization in the section below. **If continued on a separate sheet, check here.**

Name and Address of the Source of Outside Income	Nature of the Work Performed	Total Amount of Money or Compensation Received
McClain Signature Services LLC	Notary & Administrative Serv.	\$ 30.00

I hereby swear (or affirm) that the information above is a true and correct statement.

Montrice McClain
Signature of Person Disclosing

2-15-23
Date signed

RECEIVED BY ELECTIONS DEPARTMENT:

Hardcopy

Electronic Copy



OUTSIDE EMPLOYMENT STATEMENT

For Full-time County and Municipal Employees

RECEIVED
FEB 16 2023

Full-time County (including Public Health Trust) and municipal employees engaging in outside employment must file an annual disclosure report by July 1st of each year, in accordance with Section 2-11.1(k)(2) of the Miami-Dade County Code. CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Disclosure for Tax Year Ending	Last Name	First Name	Middle Name/Initial
2019	McClain	Montrice	N
Mailing Address – Street Number, Street Name, or P.O. Box			
1811 NW 69 Street			
City, State, Zip			
Miami, FL 33147			

If your home address is exempt from public records pursuant to Florida Statutes §119.07, please see note on the following page and check here.

Filing as an Employee (check one)

<input type="checkbox"/> County <input type="checkbox"/> Public Health Trust <input checked="" type="checkbox"/> Municipal City of Miami Beach <div style="text-align: right; font-size: small;">(Municipality)</div>		
Department	Division	
Public Works	Operations	
Position or Title	Employee ID Number	Work telephone
Control Room Supervisor	22967	(305) 673-7625

Please list the sources of outside employment (including self-employment), the nature of the work, and the total amounts of money or other compensation you received for each source of outside employment. If no income or compensation was received from a particular outside employment, enter zero (0) for that organization in the section below. **If continued on a separate sheet, check here.**

Name and Address of the Source of Outside Income	Nature of the Work Performed	Total Amount of Money or Compensation Received
McClain Signature Services LLC	Notary and Administrative Services	\$ 0.00
Souse & Things LLC	Catering	\$ 0.00

I hereby swear (or affirm) that the information above is a true and correct statement.

Montrice McClain
Signature of Person Disclosing

2-15-23
Date signed

RECEIVED BY ELECTIONS DEPARTMENT:

Hardcopy

Electronic Copy



OUTSIDE EMPLOYMENT STATEMENT

For Full-time County and Municipal Employees

RECEIVED

FEB 16 2023

Full-time County (including Public Health Trust) and municipal employees engaging in outside employment must file an annual disclosure report by July 1st of each year, in accordance with Section 2-11.1(k)(2) of the Miami-Dade County Code.

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Disclosure for Tax Year Ending 2018	Last Name McClain	First Name Montrice	Middle Name/Initial N
Mailing Address – Street Number, Street Name, or P.O. Box 1811 NW 69 Street			
City, State, Zip Miami, FL 33147			

If your home address is exempt from public records pursuant to Florida Statutes §119.07, please see note on the following page and check here.

Filing as an Employee (check one)

<input type="checkbox"/> County	<input type="checkbox"/> Public Health Trust	<input checked="" type="checkbox"/> Municipal	City of Miami Beach (Municipality)
Department Public Works	Division Operations		
Position or Title Control Room Supervisor	Employee ID Number 22967	Work telephone (305) 673-7625	

Please list the sources of outside employment (including self-employment), the nature of the work, and the total amounts of money or other compensation you received for each source of outside employment. If no income or compensation was received from a particular outside employment, enter zero (0) for that organization in the section below. **If continued on a separate sheet, check here.**

Name and Address of the Source of Outside Income	Nature of the Work Performed	Total Amount of Money or Compensation Received
Souse + Thangs LLC	Catering	\$ 0.00

I hereby swear (or affirm) that the information above is a true and correct statement.

Signature of Person Disclosing

Date signed

RECEIVED BY ELECTIONS DEPARTMENT:

- Hardcopy
- Electronic Copy