M22000007648

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiless Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



400386832034

2022 HAY 16 FM 2: 07

APPROVILU AND FILED

RECEIVED 2022 HAY 16 AH II: 22

K. Brumbley

MAY 17 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 653071 7439361
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE: May 2, 2022
ORDER TIME : 8:02 AM
ORDER NO. : 653071-010
CUSTOMER NO: 7439361
FOREIGN FILINGS
NAME: GTMC GP, LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJE	GTMC GP, LLC	
		ne of Limited Liability Company
The enc Existen	closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please r	eturn all correspondence concerning this matter	to the following:
	Peggy Harrison	
		Name of Person
	Energy Transfer	
		Firm/Company
	8801 S. Yale Ave., Suite 310	
		Address
	Tulsa,, OK 74137	
		City/State and Zip Code
	peggy.harrison@energytransfer.com	
	E-mail address: (to b	oe used for future annual report notification)
For furtl	her information concerning this matter, please ca	all:
	Peggy Harrison	918 794-4559 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Malling Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ce & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date tirst transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 8111 Westchester Drive, Suite 600 rect Address of Principal Office) Dallas, TX 75225 Tulsa, OK 74137 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
8111 Westchester Drive, Suite 600 ct Address of Principal Office) Coallas, TX 75225 Coallas, TX 75225 Coallas, TX 75225 Tulsa, OK 74137 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
8111 Westchester Drive, Suite 600 Address of Principal Office) Dallas, TX 75225 Tulsa, OK 74137 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Vame and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Corporation Service Company Name:	HAY 16
Office Address:	, PH 5:
Tallahassee 32301	07
(City) (Zip code)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Gladieux Energy, LLC Peggy J. Harrison □Manager ☐Manager Address: ______ Ste 310 8111 Westchester Drive, Ste 60 **■**Member Address: □Member Dallas, TX 75225 Tulsa, OK 74137 □ Authorized **■** Authorized Person Person □Other Other_____ Other Other Name: _____ □Manager □ Manager Name: _____ ☐ Member Address: ____ □ Member Address: ☐ Authorized □ Authorized Person Person □Other Other □Other___ □Other____ □Manager Name: Name: _____ ■ Manager □Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person Other__ □Other_____ Other____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Peggy J. Harrison

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GTMC GP, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GTMC GP, LLC"

WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

THE STATE OF THE S

Authentication: 203427645

Date: 05-13-22