# B23000000143

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	<u>_</u>
Special Instructions to Filing Officer:	

Office Use Only



300407028773



S. ROBERTS

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 05/08/23 Order #: 1211089-1

Re: Driving Art in Motion, L.P. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$1000.00 - FL State Account Number: I2000000195

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

Division of Corporations	
DRIVING ART IN MOTION, L.P.	
Name of Foreign Limited Partnership or Limited L	iability Limited Partnership
The enclosed application, certificate of status and fees are submitted to partnership to transact business in Florida.  Please return all correspondence concerning this matter to:	register a foreign limited partnership or limited liability limited
J.R. AMANTEA	
Contact Person	-
GTMC CAPITAL, LLC	
Firm/Company	_
374 NORTH HAVERHILL ROAD, SUITE 800	
Address	
WEST PALM BEACH, FL 33415	_
City, State and Zip Code	
jr@gtmotorcarsllc.com	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
J.R. AMANTEA at ( 203	) 528-0392
	nd Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$1,000.00 Filing Fee □\$1,008.75 Filing Fees □\$1,052.50 Filing Fee and S35 Registered Agent Fee) □\$1,008.75 Filing Fees □\$1,052.50 Filing Fees □\$1,008.75 Filing Fees □\$1,052.50 Filin	· · · · · · · · · · · · · · · · · ·
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

DRIVING ART IN	N MOTION, L.P.			
Acceptable Limited F	Partnership suffixes: Limited Partnershi	p, Limii	ted Partnership, which must include suffix) ted, L.P., LP. or Ltd. Liability Limited Partnership, L.L.L.P. or LLLP	<del>-</del> :
If name unavailable			imited liability limited partnership proposes to ontain acceptable suffix.	register to transact
2 DELAWARE		•	3	
<del></del>	ate or Country of Formation	_	Date of Formation	_
4. Federal Employe	r Identification Number			
5. Name of Register	ed Agent for Service of Process and F	lorida (	Street Address:	
Consoration	1 Service Company			
1201 Hays 8				
tallahassee				
6. I hereby accept the of all statutes relating my position as reg	ntive to the proper and complete perform istered agent.  QUILLY	iance of	act in this capacity. I further agree to comply my duties, and I am familiar with and accept the Styllson, AWO	with the provisions the obligations of
	// SigNatur	e of Re	gistered Agent	21
7. Principal Office:			ailing Address:	2023 1
374 NORTH HAVE	RHILL ROAD, SUITE 800	374	NORTH HAVERHILL ROAD, SUITE 800	<u> </u>
WEST PALM BEACH, FL 33415		WES	ST PALM BEACH, FL 33415	( ) —
9. If limited partne	rship is a limited liability limited part	 nership	o, check box. $\square$	či
10. Name, principa	l office address, and mailing address o	of each	general partner:	
Name of Genera	CTMC CAPITAL LLC		Name of General Partner:	
Street Address:	374 NORTH HAVERHILL RD. SUIT	E 800	Street Address:	·
Street Address:	WEST PALM BEACH, FL 33415	_	Sitter Address.	
Mailing Address	374 NORTH HAVERHILL RD, SUIT	E 800	Mailing Address:	
	WEST PALM BEACH, FL 33415		Manning Hadreson.	
Name of Genera	l Partner:		Name of General Partner:	
			Street Address:	
Mailing Address	;:		Mailing Address:	

## Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not me locument's effective date on the Department of St	O days after the date this document is filed by the Florida Department of State.)  eet the applicable statutory filing requirements, this date will not be listed as the ate's records.  enticated, not more than 90 days prior to the delivery of this application to the
2. Attached is a certificate of existence duty authorities. Florida Department of State, by the Secretary of State law of which it is organized.	tate or other official having custody of the entity's records in the jurisdiction under
Signed this day of	$\frac{20}{23}$
The individual signing this document affirms that	Signature of a general partner  the facts stated herein are true and the individual is aware that false information  the constitutes a third degree felony as provided for in \$ 817,155. F.S.

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fec)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "DRIVING ART IN MOTION, L.P." 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 EIGHTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRIVING ART IN MOTION, L.P." WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2023.

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



Authentication: 203296344

Date: 05-08-23

7388912 8300 SR# 20231875916