11000039584

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COVER LETTER

TO: Registration Section Division of Corporations			
GTM Holdings, LLC			
Name of Limited	Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are subm	itted for filing.		
Please return all correspondence concerning this matter to	the following	:	
D. John Morgeson, Jr.			
Name of Person			
deBeaubien, Knight, Simmons, Mantzaris &	& Neal, LLF		
Firm/Company			
332 N. Magnolia Avenue			
Address			
Orlando, Florida 32801			
City/State and Zip Code			
djm00@dbksmn.com			
E-mail address: (to be used for future annual rep	ort notification	n)	
For further information concerning this matter, please cal	l:		
D. John Morgeson, Jr.	407	992-3600	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability comparauthority:	•
FIRST: The name of the limited liability company is: GTM Holdings,	LLC
SECOND: The Florida Document Number of the limited liability company	is: L11000029584
THIRD: The street address of the limited liability company's principal office 2543 Old Kent Circle	ce is:
Kissimmee, Florida 34758	
The mailing address of the limited liability company's principal o	ffice is:
Mississauga, OT, OC 32801 OC	
FOURTH: This statement of authority grants or sets limitations of authority position of a person in a company, whether as a member, transferee, manager person on the following: 1. May execute an instrument transferring real property held in the a. Granted to: JASPHL GACWAL & M.	e name of the company.
b. No authority granted to:	SSE -2
2. May enter into other transactions on behalf of, or otherwise act a. Granted to: JASPAL GREWAL	
b. No authority granted to://	
	spal Grewal
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optio	ped or printed name of signature