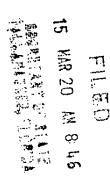
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, (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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M. MILLIGAN EXAMINER

APR 29 2015

B. Carles and Land

#### COVER LETTER '

TO:	Registration Section
	Division of Corporations

G.T.C. Institute, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence of	concerning this matte	r to the following:		
Richard	d Wilson			
<u>-</u>		Name of Person		
6. T.	C. Ins.	Hufe, LL	C	
		Firm/Company		
77 Harl	oor Drive	Suite #76		
<del></del>		Address		
Key Bis	cayne, F	_ 33149		
		City/State and Zip Code	<b>)</b>	· · · · · · · · · · · · · · · · · · ·
team@	wilsonhol	dingcompa	ny.co	m
	E-mail address: (to	be used for future annua	l report notific	eation)
For further information concerning	g this matter, please	call:		
Richard Wi	Ison	<sub>at</sub> 503	, <b>78</b> 9	9-7901
Name o	of Contact Person	Area Co		ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301		
Enclosed is a check for the t	following amount			
□ \$125.00 Filing Fee	\$130.00 Filing I Certificate of St	Fee & 🔲 \$155.00 Fr	_	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUB FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORI	
1. G.T.C. Institute, LLC	-
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
	2.3
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate r Liability Company," "L.L.C," or "LLC.")	name must include "Limited
2. Oregon (USA) 3. 27-1338705	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applic company is organized)	cable)
4. February 20th, 2015	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
77 Harbor Drive Suite #76	<u> </u>
Key Biscayne, FL 33149	10000000000000000000000000000000000000
(Street Address of Principal Office)  6. The Harbor Drive Suite #76	8 7
Key Biscayne, FL 33149	9
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to n	nanage is/are
Richard C. Wilson CEO	imingo is/ m o.
Trichard C. VVIISCH CEC	<del> </del>
	······································
8. Attached is an original certificate of existence, no more than 90 days old, duly auther	ticated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A	
acceptable. If the certificate is in a foreign language, a translation of the certificate undemust be submitted)	er oath of the translator
<b>,</b> .	
MU	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjur am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide	
Richard Wilson	

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: G.T.C. Institute, LLC							
If unavailable, the alternate to be used in the state of Florida is:							
The name and the Florida street address of the registered agent and office a	are:						
Richard Wilson	100 mg	35 ==					
(Name)	Ton Rom	HAR 2	11				
77 Harbor Drive Suite #76	(5) i 6 (5) i 6 (3)	;=-	er-				
Florida Street Address (P.O. Box NOT ACCEPTABLE)	~~~ <del>~~</del>	. 42	$\bigcirc$				

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 as provided for in Chapter 605, Florida Statutes.

City/State/Zip

(Signature)

Key Biscayne

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

#### Certificate of Existence 562F663U9

I, KATE BROWN, , and Custodian of the Seal of said State, do hereby certify:

G.T.C. INSTITUTE, LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN.

2/18/2015