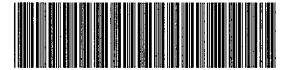
# MI6000003570

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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### COVER LETTER

TO:

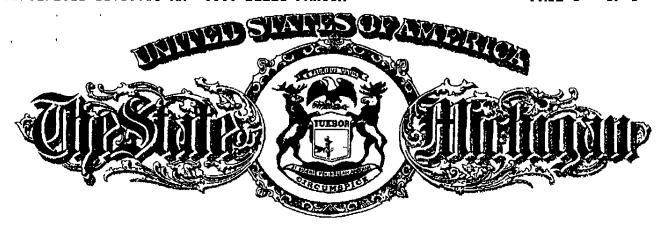
Registration Section

Divis	ion of Corporatio	ns					
SUBJECT:	T Independence, l	ис					
BUDJECI	<u> </u>	Name of	Limited Liability Con	npany			
The enclosed " Existence, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authorization	n to Transact Business in Florida," Certific liability company to transact business in F	cate of lorida		
Please return a	Il correspondence	concerning this matter to the	following:		÷		
	Christopher Ta	ıylor					
	Name of Person						
	GT Independence, LLC						
	Firm/Company						
	215 Broadus S						
	Address						
	Sturgis, MI 49091						
		City/S	ate and Zip Code				
	ctaylor@gtindep	endence.com					
		E-mail address: (to be used	for future annual rep	port notification)			
For further info	rmation concernin	g this matter, please call:					
Chris	topher Taylor		269 (	651-4500			
<del></del>	Name o	of Contact Person	Area Code	Daytime Telephone Number			
Divisi Regist P.O. E	ANG ADDRESS: on of Corporations ration Section Sox 6327 assee, FL 32314		Di Re Cl 26	IREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301			
	heck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing F	Fee & \$\Bigcup \$160.00 Filing Fee, Certificat of Status & Certified Copy	æ		

## 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:

GT Independence, LLC					
(Name of Fore	eign Limited Liability Company; must include "Limited	Liability Company," "L.I	C.," or "LI	.C.'')	
If name unavailable, enter a	ternate name adopted for the purpose of transacting bus	iness in Floride. The alter	nate name n	oust inclu	de "Limited
.iability Company," "L.L.C,	" or "LLC.")	MICOS MI I IONGO. I MO GIOL	1,440 1,44170 11		20 Dillion
Michigan	of which foreign limited liability	(FBI number, if ap	- (t1-1-)		
company is organized)	or which foreign limited hability	(FEI number, it ap	bricapie)		
·	(Date first transacted business in Florida, if price	or to realistation			
	(See sections 605.0904 & 605.0905, P.S. to deter	mine penalty liability)			
215 Broadus St., Sturg	is, MI 49091				
015 Dans Jun 64 - 66	(Street Address of Principal Office)		177 1771	2015	
215 Broadus St., Sturgi	S, MI 49091			35. 35.	41 73 (214)
				35	WESTANGS.
	(Mailing Address)		<i>G</i> 30	rသ တ	() () gendalen Maña
. Name and street addres	s of Florida registered agent: (P.O. Box NOT acc	ceptable)		TO	
Name:	C T CORPORATION SYSTEM	<del></del>	T' (2)	<del></del>	O
Office Address:	1200 SOUTH PINE ISLAND ROAD		TATE ORID/	 پي	
	PLANTATION	, Florida	<i></i>		
	(City)	(Zip c	ode)		
legistered agent's accep Invina heen named as re	alstered agent and to accept service of process fo	r the above stated limi	ted liabilit	у сотра	ny at the place
lesignated in this applica	ilon, I hereby accept the appointment as register	ed agent and agree to	ect in this	capacity.	. I further agre
o complywith the provision of a	ons of all statutes relative to the proper and comp my position as registered agent. (T (w ) of	ation Skitan	hal.	575G X 15774	Jumanu waa
coops are oungarious of .	A 12 TO 12 TO 15	Sierra E	lúmis		18
	(Registered agent's signat	ure) Vice Pr	<del>sident-</del> 8	k Assist	ant Secretar
o em	, •				
·	icity and address of the person(s) who has/have au	nority to manage is/are	:		
onn Carmichael, CEO, 2	15 Broadus St., Sturgis, MI 49091				
· · · · · · · · · · · · · · · · · · ·				<del></del>	
		/)			
	of existence, no more than 90 days old, duly author of which it is organized. (If the certificate is in a fo				
f the translator must be su		- Paga tangango, a trans.	anon or ar	o postitio	mo unuoi outii
	Colo A Camedroe				
	Signature of an authorized pe	rson			
his document is executed	l in accordance with section 605.0203 (1) (b), Flori	da Statutes. I am aware	that any fa	lse inform	nation
ubmitted in a document to	the Department of State constitutes a third degree	felony as provided for	in s.817.15	5, F.S.	
	John Carmichael				
	Typed or printed name of sign	ee			



# Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### GT INDEPENDENCE, LLC

was validly organized on January 22, 2016 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1366072

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of February, 2016

elia Dale

Julia Dale, Acting Director
Corporations, Securities & Commercial Licensing Bureau