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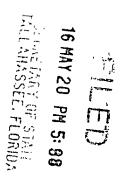
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COVER LETTER

SUBJECT	JT Investors, LLC					
SOBJEC		Name of	Limited Liability (Company		
The enclos Existence,	sed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," (company to transact busine	Certificate of ess in Florida.
Please reti	urn all correspondence c	oncerning this matter to the	following:			
	Joel E. Silverm	an				
		N	ame of Person	,,,,,, ,,,,		
	Silverman Law	Office, PLLC				
		Fi	rm/Company			
	P.O. Box 4423					
	· · · · · · · · · · · · · · · · · · ·	<u></u>	Address			
	Helena, MT 59	604				
		City/S	tate and Zip Code			
	julie@mttaxlaw.e					
		E-mail address: (to be used	d for future annual	report not	ification)	
For further	r information concerning	g this matter, please call:				
J	oel Silverman		406 at (449	0-4829	
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	
T. R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	is a check for the follow 1 \$125.00 Filing Fee	ing amount: \$\Bigsim \text{S130.00 Filing Fee & Certificate of Status}\$	☐ \$155,00 Filin Certified Copy	ıg Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JT Investors, LLC (Name of Fore	eign Limited Liability Company; must	include "Limited Liab	oility Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose	of transacting busines	s in Florida. The alternate name	e must include "Limited
2. Montana		3. 81-2624518		
(Jurisdiction under the law	of which foreign limited liability		(FEI number, if applicable)	
company is organized)	in Florida upon approval of this at	uthovization to teams	net business in Clarida	
4. Will transact ousmess	(Date first transacted busines	s in Florida, if prior to	registration.)	, •
5. 46 North Last Chance	(See sections 605,0904 & 605,0 Gulch Suite 2E	1905, F.S. to determine	penalty liability)	
Helena, MT 59601		· · · · · · · · · · · · · · · · · · ·		
	(Street Address of Pr	rincipal Office)		
6. P.O. Box 4423				
Helena, MT 59604				
	(Mailing A	ddress)		
7. Name and street addres	s of Florida registered agent: (P.C). Box NOT accepta	ıble)	
Name:	InCorp Services, Inc.			문항 하
Name.	17888 67th Court North		-	MAY 20
Office Address:			-	
	Loxaliatchee (City)		Florida 33470 (Zin code)	
designated in this applicate to complywith the provision	gistered agent and to accept servition, I hereby accept the appointmons of all statutes relative to the pay position as registered agent.	nent as registered approper and complete	gent and agree to act in this	s capacity. I furfligr agree and I am familing with an
8. The name, title or capa	icity and address of the person(s) v	who has/have author:	ity to manage is/are:	
Tim Carson, Manager, P.G.	O. Box 81648, Billings, MT 59108	3		
Jason Palagi, Manager, 29	931 Stillwater Drive, Billings, MT	59102		
jurisdiction under the law of the translator must be su	Signature of Signature of the Department of State constitute Joel E. Silverman	rtificate is in a foreig fan authorized person 203 (1) (b), Florida S es a third degree felo	n language, a translation of	the certificate under oath
	Typed or pro	inted name of signee		

SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

JT INVESTORS, LLC

duly filed its Articles of Organization in this office on 13 May 2016, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 16 May 2016.

LINDA MCCULLOCH Secretary of State

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Certified File Number: C276169