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COVER LETTER

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SUBJECT:	GLOBA	L TRANSPORTA	Ation MANAGE Limited Liability Company	MENT LLC
The enclosed "A Existence, and c	Application by For theck are submitte	reign Limited Liability Com d to register the above refe	pany for Authorization to Transced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all	correspondence	concerning this matter to the	e following:	
		GERALD	L. HALL Name of Person	
	G	BAL TRANSPO	ORTATION MAN	ngement UC
		143 YANKEE	CLIPPER RU Address	
	THE	VILLAGES City	FL. 33	2162
		JERRY GTM E-mail address: (to be use	ed for future annual report no	tification)
For further infor	rmation concerning	g this matter, please call:		
	TERALD Name o	HALL of Contact Person	at (3/4) 5/ Area Code Day	8-1086 ytime Telephone Number
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314		Division Registrat Clifton F 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301
	neck for the follow 5.00 Filing Fee	ring amount: \$\Pi\$ \$130.00 Filing Fee & Certificate of Status	Xi \$155.00 Filing Fee & Certified Copy	□ \$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 SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: IC TRANSPORTATION MANAGENENT reign Limited Liability Company, "LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "Ld.C." or "LLC.") (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent's acceptance: 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 application. I hereby accept the appointment as registered agent and agree to act in this capacity. Fifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Global Transportation Management, L.L.C. LC0734241

was created under the laws of this State on the 26th day of April, 2006, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 30th day of October, 2017.

Secretary of State

Certification Number: CERT-10302017-0037

