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### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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Name:	GCP-860 <sup>-</sup>	1 Transport, LLC	
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#### **COVER LETTER**

TO:		ration Section is of Corporation	15				
SUBJE	CT:	CP-8601 Transpor	t, LLC				
			Name of I	Limited Liability (	Company		
			eign Limited Liability Comp d to register the above refere				
Please re	etum all	correspondence c	oncerning this matter to the	following:			
		Brooke Vinson					
		<del>- 1</del>	Na	ame of Person			
		Bradley Arant I	Boult Cummings LLP				
			Fi	rm/Company			
		1819 Fifth Aver	nue North				
				Address			
		Birmingham, A	Iabama 35203				
			City/St	tate and Zip Code			
			E-mail address: (to be used	for future annual	report not	fication)	
For furth	er infor	mation concerning	g this matter, please call:				
	Brooke	Vinson		205 at (	521-839	94	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section bx 6327 ssee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section wilding cutive Center Circle ee, FL 32301	
Enclosed		eck for the followi	□ \$130.00 Filing Fee &	□ \$155.00 Filin		■ \$160.00 Filing Fee, Ce	
			Certificate of Status	Certified Copy		of Status & Certified Cop	У

## 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:

Delaware (Jurisdiction under the law of which foreign limited leability company is organized)  (Upon qualification  (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty thability)  1801 5th Avenue North, Suite 300  (Street Address of Principal Office)  Birmingham, AL 35203  Birmingham, AL 35203	195
(Date first transacted business in Florida, if prior to registration.)  (Date first transacted business in Florida, if prior to registration.) (See sections (05.0904 & 605.0905, F.S. to determine penalty liability)  1801 5th Avenue North, Suite 300  (Street Address of Principal Office)  (Mailing Address)	195
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty finishility)  1801 5th Avenue North, Suite 300  (Street Address of Principal Office)  (Mailing Address)	195
(Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty fiability)  1801 5th Avenue North, Suite 300  (Street Address of Principal Office)  6. 1801 5th Avenue North, Suite 300  (Mailing Address)	195
1801 5th Avenue North, Suite 300 (Street Address of Principal Office)  6. 1801 5th Avenue North, Suite 300 (Mailing Address)	19 32 1
(Street Address of Principal Office) (Mailing Address)	195
Birmingham, AL 35203  Birmingham, AL 35203	
	<u> </u>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	S. 50
Name: Corporate Creations Network, Inc.	F1 94
<del></del>	건의
Office Address: 11380 Prosperity Farms Road, #221 E	92
Palm Beach Gardens , Florida 33410 (City) (Zip code)	Q.
(City) (Žip code)	•
Ryan Sullivan, Special Secretary  (Registered agent's signature)	
Ryan Sullivan, Special Secretary (Registered agent's signature)	
Ryan Sullivan, Special Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	d Address:
Ryan Sullivan, Special Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:	d Address:
Ryan Sullivan, Special Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Manager  GCPM, LLC  1801 5th Avenue N., Stc. 300	d Address:
Ryan Sullivan, Special Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  OCPM, LLC	d Address:
Ryan Sullivan, Special Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Manager  GCPM, LLC  1801 5th Avenue N., Stc. 300	d Address:
Ryan Sullivan, Special Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity;  Name and Address:  Title or Capacity;  Name and Address:  GCPM, LLC  1801 5th Avenue N., Ste, 300	d Address:
Ryan Sullivan, Special Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Manager  GCPM, LLC  1801 5th Avenue N., Stc. 300	d Address:

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GCP-8601 TRANSPORT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 202270773

Date: 02-15-19

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