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S. FRANKLIN MAR 2 5 2022 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$125.00 **AUTHORIZATION SIGNATURE:** GTR FLORIDA INVESTMENTS, LLC (Business Name) Document Pick up time_____ Walk in Will wait Mail out Photocopy **Certified Copy of Articles of Incorporation Certificate of Status AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent _Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP **REGISTERATION/QUALIFICATIONS OTHER FILINGS** X Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name Other APOSTIL () Country

EXAMINER'S INITIALS:____

COVER LETTER

	tegistration Section Division of Corporations							
SUBJEC?	GTR FLORIDA INVESTMENTS, LLC							
BODSEC:	Name of Limited Liability Company							
The enclos Existence,	sed "Application by Foreign Limited Liability Co , and check are submitted to register the above ref	ompany for Authorization to Transact Business in F ferenced foreign limited liability company to transa	Florida," act busir	Certif	icate of Florida.			
Please retu	arn all correspondence concerning this matter to t	he following:						
	Manager							
	Name of Person							
GTR FLORIDA INVESTMENTS, LLC								
	Firm/Company							
	1355 W 44th Place #100 Office							
	Address							
	Hialeah, FL 33012			2022 MAR				
	City/State and Zip Code							
	gtfloridainvestments@gmail.com							
	E-mail address: (to be u	sed for future annual report notification)		£_	كمشت			
For further information concerning this matter, please call:				PM 5: 00	1			
1	Manager	305 647-9584 at ()	T	: 00				
	Name of Contact Person	Area Code Daytime Telephone Nu	ımber					
F I I	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
1	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee S130.00 Filing Fee Certificate of	& 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Fili						

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:

	•	rida. I ne altern	ate name must include "Limited Liability	Company,	'L.L.C," or	"LLC."
WYOMING		3.				
(Jurisdiction under the law of w	vhich foreign limited liability company is organized)		(FEI number, if a	pplicable)		
MARCH 23rd, 2022						
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) e penalty liabil	ity)	-		
1355 W 44th Place #1	00 Office		5 W 44th Place #100 Office			
et Address of Principal Office)		0	(Mailing Address)			_
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Name and <u>succeadors</u>	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	-	_	7
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Name:	RA Legacy Group, LLC	NOT acce	ptable) 	(1) (1) (1) (1) (1) (1)	PH 5: 00	د يا مهرم مهرم مهرم
Name:	-1	NOT acce	ptable) 	en en en en en en	PH 5: 00	المام معدم المام
	RA Legacy Group, LLC 2330 Clarc Drive	NOT acce		en e	PH 5: 00	,
Name:	RA Legacy Group, LLC	NOT acce		(H) (H) (M) (m) (m) (m) (m) (m) (m) (m) (m) (m) (m	PH 5: 00	g g graden graden

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: GTR Florida Investments, LLC ■ Manager ☐ Manager Name: 1309 Coffeen Ave STE 1200 Address: _ □Member ☐ Mcmber Address: ____ Sheridan, WY 82801 □ Authorized ☐ Authorized Person Person □Other_____ Other □Other Other Name: _____ □Manager □Manager Name: □Member Address: ☐ Member Address: ☐ Authorized Authorized Person Person Other Other___ Other Name: _____ □Manager □Manager ☐ Member Address: ___ ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person Andrew Pierce

Tamed or printed name of sier

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

GTR Florida Investments, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 23, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001094484**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of March, 2022 at 2:13 PM. This certificate is assigned ID Number 050783424.



Secretary of State _ 8

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.