# M2400003422

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### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	GTM Insurance Agency LLC				
_	Nam	e of Limited Liability Company			
The enclosed 'Existence, and	"Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please return a	all correspondence concerning this matter t	to the following:			
	Susan Sullivan				
		Name of Person			
	Cumberland Licensing Corp.				
	Firm/Company				
	PO Box 7543				
		Address			
	Cumberland, RI 02864				
	(	City/State and Zip Code			
	ssullivan@cumberlandlicensing.com				
	E-mail address: (to b	e used for future annual report notification)			
For further inf	ormation concerning this matter, please ca	ıli:			
Susa	n Sullivan	401 333-4805			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
l and	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Pleas	osed is a check for the following amount: the make check payable to: FLORIDA DEI 125.00 Filing Fee S130.00 Filing Fee Certificate	ee & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

GTM Insurance Agenc			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company." "L.L.C.," or "LLC.")	
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name/must include "Limited Li	ability Company," "L.L.C," or "LLC.")
New York		80-0490763	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	3. (FEI numb	er, if applicable)
		/	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration.) ne penalty,tiability)	<del></del>
7 Executive Park Drive	e	7 Executive Park Drive	
treet Address of Principal Office)		6. (Mailing Address)	
Clifton Park, NY 1206	55	Clifton Park, NY 12065	
	/		20 S
	/		<u> </u>
	/		一面 四
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	28
	/		
Name:	Registered Agent Solutions, Inc.		
		<del></del>	: 28
Office Address:	2894 Remington Green Ln. Ste. A		
	Tallahassee	32308	
		, Florida	
	(City)	(Zîp code)	
egistered agent's accep			P 1995
	gistered agent and to accept service of p tion, I hereby accept the appointment a		
		and complete performance of my d	

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

GTM INSURANCE AGENCY LLC

DOS ID Number:

3010670

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

**EXISTING** 

Date of Initial Filing with DOS:

02/09/2004

Statement Status:

CURRENT

Statement Due Date:

02/28/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 21, 2024 at 07:20 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes
Executive Deputy Secretary of State

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