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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA
DIVISION OF
CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
G Technology FL Corp.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: G Technology FL Corp.ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address3645 Airport Commerce DriveLakeland, FL 33811

Mailing address, if different is:

1030 N. Irving StreetAllentown, PA 18109ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any lawful purposeARTICLE IV SHARESThe number of shares of stock is: 10,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Toni Guerrero, President/Director Name and Title: Miguel Guerrero, Secretary/DirectorAddress: 1030 N. Irving St.Allentown, PA 18109Address: 1030 N. Irving St.Allentown, PA 18109

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Toni GuerreroAddress: 3645 Airport Commerce DriveLakeland, FL 33811**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Toni GuerreroAddress: 1030 N. Irving StreetAllentown, PA 18109**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*_____
Required Signature/Registered Agent

08/10/2023

Date*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*_____
Required Signature/Incorporator2023 AUG 23 PM 4:16
DEPT. OF STATE
TALLAHASSEE, FL
08/10/2023

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