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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE
FAIL MILASSEE, FLORID

COVER LETTER

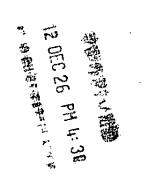
TO: New Filing Section Division of Corporations
SUBJECT: TOMGAR CORP
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
GARY GEIMER (OWNER)
Name of Person
Firm/Company
TOM GAR CORP.
TOM GAR CORP. POBOX 940636
MAITLAND FL 32794
E-mail address: (to be used for future annual report notification) $TOMGARCFL_{1}RR_{1}COM$ For further information concerning this matter, please call:
BARY321,3039685
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee Certificate of Status \$78.75 Filing Fee & Certified Copy \$78.75 Filing Fee & Certificate of Status Certified Copy

TOMGAR CORPORATION P. O. BOX 940636 MAITLAND, FL 32794

DEAR SIR;

THIS IS TO LET YOU KNOW THAT THE DATE 1982 ON LINE 6 WAS PUT THERE IN ERROR.

THANKS,
GARY GEIMER





December 14, 2012

GARY GEIMER TOMGAR CORP PO BOX 940636 MAITLAND, FL 32794

SUBJECT: TOMGAR CORPORATION

Ref. Number: W12000061898

We have received your document for TOMGAR CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation listed in number four of your form must match the date listed on the certificate of status from your state. You can only have one registered agent listed for the corporation. The registered agent must have a registered Florida street address.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$3,626.25.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 212A00029564

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. "Inc.." "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1910 Geroning Tr. Maitland
(Principal office address)
POBOX 940636 MAITLAND, FL
(Current mailing address) SALES + PURCHASES OF COINS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) DE GARY GEIMER

→ 1910 GERONIMO TR

MAITLAND, FL 32751 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: GARY GRIMER (OWNER)	
Address: PO PO 0 940636	
Chairman: GARY GRIMER (OWNER) Address: MAITCAND FL 32794	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
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——————————————————————————————————————	U
Address:	
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Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If floors any you may attach an addendum to the application listing additional officers and/or directors.	
13. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein	
are true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.	s 8
14. GARY GEIMER (OWNER)	
(Typed or printed name and capacity of person signing application)	

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United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator, Division of Corporate and Consumer Services, do hereby certify that

TOMGAR, CORP.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 1, 2004.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 5, 2012.

PAUL M. HOLZEM, Administrator

Taul M. Ho

Division of Corporate and Consumer Services

Department of Financial Institutions

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.