

10/13/2021 17 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H21000382891 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : NATIONAL LICENSING CONSULTANTS, LLC  
Account Number : I20210000115  
Phone : (954)233-0222  
Fax Number : (813)441-8235

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

Email Address: \_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

G Technology, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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12/10/2021

**H21000382891 3****COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **G, TECHNOLOGY, INC.**  
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:

**CHARITY BOWDEN**

Name of Person

**NATIONWIDE CONTRACTOR LICENSING**

Firm/Company

**29157 CHAPEL PARK DR. STE A**

Address

**WESLEY CHAPEL, FL 33543**

City/State and Zip code

**STATELICENSEINFO@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CHARITY BOWDEN**

Name of Person

at ( **954** )

Area Code

**233-0222**

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**H21000382891 3**

**H21000382891 3**  
**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.*

1. **G Technology, Inc.**  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
 "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**G TECHNOLOGY SOUTH, INC.**  
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **PENNSYLVANIA** 3. **81-1486883**  
 (State or country under the law of which it is incorporated) (FEL number, if applicable)

4. **02/01/2016** 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1030 N IRVING STREET ALLENTOWN, PA 18109**  
 (Principal office street address)

\_\_\_\_\_  
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

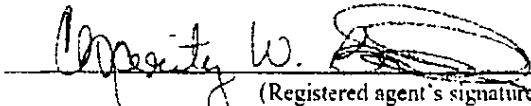
Name: **NATIONWIDE CONTRACTOR LICENSING**

Office Address: **29157 CHAPEL PARK DR. STE A**

**WESLEY CHAPEL**, Florida **33543**  
 (City) (Zip code)

**9. 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.*

  
 (Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**H21000382891 3**

## A. DIRECTORS

H21000382891 3

☐ Chairman Name: TONI MICHELLE GUERRERO

☐ Vice Chairman Address: 1030 N IRVING STREET

☒ Director ALLENTOWN, PA 18109

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: MIGUEL ANGEL GUERRERO

☐ Vice Chairman Address: 1030 N IRVING STREET

☒ Director ALLENTOWN, PA 18109

☐ President \_\_\_\_\_

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Miguel A. Guerrero  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 a third degree felony as provided for in s.817.155, F.S.

13. MIGUEL ANGEL GUERRERO VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

H21000382891 3

H21000382891 3

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/28/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

G Technology, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC210928141887-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

H2100038291 3