F22000001756

GARY EALER (Requestor's Name)					
(Requestor's Name)					
9413 Cypress Harbor Dr					
J (Address)					
(Address)					
Gibsonton FC 33534 (City/State/Zip/Phone #)					
/ (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
GAM C-E Management, Inc. (Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
1.1.0					
Corrected Paperwork					
enclosed					
E ne 10sea					

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: GAML-E Managem	ent, Inc.				
30bmer.	Name of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Stan	ding" and check are sub			
Please return all correspondence	concerning this matter	to the following:			
Gary or Merrie Lynn Eaker					
	Name of	Person			
GAML-E Management, Inc.					
	Firm/Com	pany			
9413 Cypress Harbor Dr.					
	Addre	rss			
Gibsonton, FL 33534					
	City/State a	nd Zip code			
gary@gaml-c.com					
E-mai	address: (to be used f	or future annual report n	otification)		
For further information concerning	ng this matter, please c	all:			
Gary Eaker	919 at () 428-3925 Daytime Telephone Number			
Name of Person	Area Code	Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
-	RIĐA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy		

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.

	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"			
"Inc" "Co.," "C	orp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flor	ida)		
Alaska	·	7-3965115			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
December 13, 2	021				
(Date	of incorporation)	(Date of duration, if other than perpetual)	(Date of duration, if other than perpetual)		
N/A					
	(Date first transacted business in F				
260 Fair Place, F	(SEE SECTIONS 607.1501 & 607.1502 airbanks, AK 99712	2. F.S., to determine penalty hability)			
200 Tall Tlace, T	(Principal office	street address)			
9413 Cypress Ha	urbor Drive, Gibsonton, FL 33534	server address)	~2		
		address, if different)	17.20		
		r - T	2022 HAK		
Name and street	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	0.7		
Name:	Gary D. Eaker		=		
rame.	9413 Cypress Harbor Dr		<u>-</u>		
ffice Address:	7413 Cypicss Halboi Di	-	AT 10: 04		
	Gibsonton	, Florida 33534			
	(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.

A. DIRECTORS □Chairman	Gary Eaker	⊡Chairman	Name: Merrie Lynn Eaker 9413 Cypress Harbor Dr. Address: Gibsonton, FL 33534		
	9413 Cypress Harbor Dr.	□Vice Chairman			
□Vice Chairman	Address: Gibsonton, FL 33534				
□Director		□Director			
■ President		□President			
□Vice President		□ Vice President	 ·		
☐ Secretary	☐ Treasurer	■ Secretary		Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□ Secretary		□Treasurer	
⊡Other	Other	□Other		□Other	
□Chairman	Name:	□Chairman	Name:	<u> </u>	
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary		□Treasurer	
□Other		□Other		□Other	
Important Notice:	Use an attachment to report more than six (6). The att eadded to the index when filing your Florida Departm	achment will be image tent of State Annual R	ed for reporting pleport form.	purposes only. Non-indexed	
12.	Signature of Director				
The officer or dire she is aware that the s.817.155, F.S.	ector signing this document (and who is listed in numb alse information submitted in a document to the Depa	er 11 above) affirms t rtment of State constit	hat the facts state utes a third degre	ed herein are true and that he or ee felony as provided for in	
Merrie Lynr	Eaker, Secretary/Treasurer				