

PA3000036627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Handwritten signature and date 4/20/23*

04/20/23--01020--025 \*\*128.75

2023 APR 20 PM 5:33  
CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE, FL

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Moving business from Iowa to Florida

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Benjamin E Gare

Name (printed or typed)

6617 Gates Pointe Way

Address

Riverview, FL 33578

City, State & Zip

641-814-6220

Daytime Telephone Number

ben@benjamingare.com

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

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Gare Tech Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

6617 Gates Pointe Way

Riverview, FL 33578

Mailing Address

6617 Gates Pointe Way

Riverview, FL 33578

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Corporation writes software for computers, video game consoles, and websites.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 10,000,000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Benjamin E Gare

6617 Gates Pointe Way

Riverview, FL 33578

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

  
Signature/Registered Agent

4/18/2023  
Date

FILED  
2023 APR 20 PM 5:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Benjamin Gare, President Name & Title: \_\_\_\_\_

Address: 6617 Gates Pointe Way Address: \_\_\_\_\_  
Riverview, FL 33578 Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_

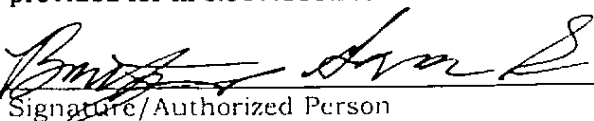
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_

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

APR 20 2023  
SECRETARY OF STATE  
TALLAHASSEE, FL  
PM 5:34

I submit this document and affirm that the facts stated herein are true. I am 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.

  
Signature/Authorized Person

4/18/2023

Date