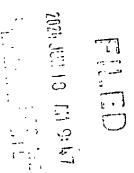


(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, and the second









FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

PUHA

DATE:

6/18/2024

NAME:

GEAR THERAPEUTICS, INC.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

SUBJECT: GE	AR Therapeutics, Inc.				
SUBJECT.	(PROPOSED CORPORA	TTE NAME – <u>MŪŠT INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	-	
2 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	James S. Byrd, PA				
	Name	e (Printed or typed)		~.	
	1452 N US HWY 1, Suite	123	••	**************************************	
		Address		C1	٠.
	Ormond Beach, FL 32174				
	City,	State & Zip	-	17	
	407-705-2054		; .	\therefore	Ĵ
	Daytime T	elephone number		1 1	
	jim@byrdlawgroup.com				
 -	E-mail address: (to be used	d for future annual report r	otification)		

NOTE: Please provide the original and one copy of the articles.

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

DE Bradford Road Vexford, PA 150	Principal <u>street</u> address d, Suite 420	<u> </u>	Mailing address, if different is:
TICLE III PURPO:	SE e corporation is organized is: Any	and all legal p	urpose
e number of shares of s		hares at .0001 p	oar value; 10,000,000 Preferred S
	tock is:100,000,000 Common S	<u> </u>	
e number of shares of s	tock is: 100,000,000 Common S	<u> </u>	
e number of shares of shares of shares of shares of shares and Title:	LOFFICERS AND/OR DIRECTORS David Mehalick, President	Name and Title:	David Mehalick, Director
e number of shares of s ETICLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRECTORS David Mehalick, President 105 Bradford Road, Suite 420	Name and Title: Address:	David Mehalick, Director 105 Bradford Road, Suite, 420
e number of shares of s ETICLE V INITIAL Name and Title: Address	David Mehalick, President 105 Bradford Road, Suite 420 Wexford, PA 15090	Name and Title: Address:	David Mehalick, Director 105 Bradford Road, Suite 420 Wexford, PA 15090
Name and Title: Name and Title:	David Mehalick, President 105 Bradford Road, Suite 420 Wexford, PA 15090 Brian Cogley, Treasurer	Name and Title: Address: Name and Title:	David Mehalick, Director 105 Bradford Road, Suite 420 Wexford, PA 15090 Brian Cogley, Director
Name and Title: Address Name and Title: Address	David Mehalick, President 105 Bradford Road, Suite 420 Wexford, PA 15090 Brian Cogley, Treasurer 105 Bradford Road, Suite 420	Name and Title: Address: Name and Title: Address: Address:	David Mehalick, Director 105 Bradford Road, Suite 420 Wexford, PA 15090 Brian Cogley, Director 105 Bradford Road, Suite 420 Wexford, PA 15090
Name and Title: Address Name and Title: Address	David Mehalick, President 105 Bradford Road, Suite 420 Wexford, PA 15090 Brian Cogley, Treasurer 105 Bradford Road, Suite 420 Wexford, PA 15090	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	David Mehalick, Director 105 Bradford Road, Suite 420 Wexford, PA 15090 Brian Cogley, Director 105 Bradford Road, Suite 420 Wexford, PA 15090

Name and	l'itle:	Name and Title:
Address		\ddress:
ARTICLE VI R The name and Flo	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of th	ne registered agent is:
Name:	James S. Byrd, PA	
Address:	1452 N US HWY 1, Suite 123	
	Ormond Beach, FL 32174	
ADMICLE VIII	NICOPROP (TOP	
ARTICLE VII 1	Iress of the Incorporator is:	
Name:	James S. Byrd, PA	
Address:	1452 N US HWY 1, Suite 123	
	Ormond Beach, FL 32174	
	VICECATIVE DATE.	
Ciffeeting date if a	EFFECTIVE DATE: ther than the date of filing:	. (OPTIONAL)
(If an effective datiling.)	ite is listed, the date must be specific and cannot	be more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable s fective date on the Department of State's records.	tatutory filing requirements, this date will not be listed
		the above stated corporation at the place designated in
certificate, I am fo	miliar with and accept the appointment as registere	d agent and agree to act in this capacity
	Pames S. Bysd Required Signature/Registered Agent	06/18/24 Date
		min I am aware that the taise intormation submitted
l submit this doci	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted as provided for in s.817.155, F.S.

•