

F23000001738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

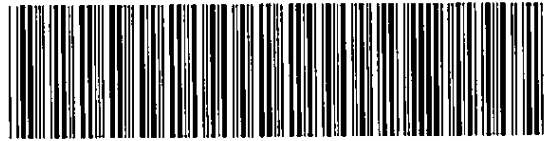
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MAR 20 PM 5:16
U.S. DISTRICT COURT
NORTH DAKOTA
GRAND FORK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2023

CHERYL CLARK
1670 VILLAGE PARKWAY
GULF BREEZE, FL 32563 US

SUBJECT: RE-KNEW YOU, INC.
Ref. Number: W23000031665

We have received your document for RE-KNEW YOU, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 723A00005378

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MAR 20 2023

RECEIVED
MAR 20 2023

~~IN order~~
~~Cert. of existence~~

~~pdf~~
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1545-0123

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Re-KnewYou, 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:

Cheryl Clark
Name of Person
Re-KnewYou, Inc.
Firm/Company
11670 Village Parkway
Address
Gulf Breeze, FL 32563
City/State and Zip code
Cheryl.a.p.clark@gmail.com
E-mail address: (to be used for future annual report notification)

original address: 900 Dove Ridge Circle
Nashville, TN 37221
Principle Address: 6236 Carrisbrook Lane
Brentwood, TN 37027

For further information concerning this matter, please call:

Cheryl Clark at (615) 838-0081
Name of Person Area Code 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

**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. Re-Knew You, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"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)

2. Tennessee 3. 000682313
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 8-22-23
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9236 Carrisbrook Lane Brentwood, TN. 37027
(Principal office street address)

1670 Village Parkway Gulf Breeze, FL. 32563
(Current mailing address, if different)

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

Name: Cheryl Clark

Office Address: 1670 Village Parkway
Gulf Breeze, Florida 32563
(City) (Zip code)

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2023 MAR 20 PM 5:16
SECRETARY OF STATE
FLORIDA

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.

Cheryl Clark
(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]:

A. DIRECTORS

☒ Chairman Name: Cheryl Clark
☐ Vice Chairman Address: 11670 Village Parkway
☐ Director Gulf Breeze, FL
☒ President 325163
☐ 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: Chris Clark
☐ Vice Chairman Address: 11670 Village Parkway
☐ Director Gulf Breeze, FL
☐ President 325163
☒ 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. Cheryl Clark
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. Cheryl Clark
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CHERYL CLARK
CHERYL CLARK
1670 VILLAGE PARKWAY
GULF BREEZE, FL 32563

March 15, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0520905

Issuance Date: 03/15/2023
Copies Requested: 1

Document Receipt

Receipt #: 007907763 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3847090361 \$20.00

Regarding: RE-KNEW YOU, INC.

Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 03/20/2012
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 682313
Date Formed: 03/20/2012
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RE-KNEW YOU, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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