

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000417231 3)))



H200004172313ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

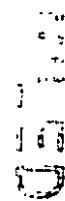
To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DELANEY CORPORATE SERVICES
Account Number : 120140000112
Phone : (800)717-2810
Fax Number : (518)465-7883

2020 DEC - 8 AM 10:10



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

Email Address: Kathleen@DelaneyCorporate.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Recognized Marketing & Consulting, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2020 DEC - 8 PM 3:51





December 8, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DELANEY CORPORATE SERVICES

SUBJECT: RECOGNIZED MARKETING & CONSULTING, INC.
REF: W20000138894

We have received your document for RECOGNIZED MARKETING & CONSULTING, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H20000417231
Letter Number: 320A00024556

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nancy Hilpert
Address: 18990 S. Tamiami Trl., Suite 4-200
Fort Meyers, FL 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Hilpert
Address: 18990 S. Tamiami Trl., Suite 4-200
Fort Meyers, FL 33908

2020 DEC -8 AM 10:10

FLORIDA
DEPARTMENT OF STATE
REGISTRATION**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent 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

Nancy Hilpert

Required Signature/Registered Agent

12/4/2020

Date

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

Nancy Hilpert

Required Signature/Incorporator

12/4/2020

Date