

12/7/2020

PZ000004186

Florida Department of State

Division of Corporations

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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

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****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

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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

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Recognized Marketing & Consulting, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

18990 S. Tamiami Trl.
Suite 4-200Fort Meyers, FL 33908**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any lawful activity for which a corporation may be formed in the State of Florida.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Nancy Hilpert, President & DirectorAddress 18990 S. Tamiami Trl.Suite 4-200Fort Meyers, FL 33908

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Nancy HilpertAddress: 18990 S. Tamiami Trl., Suite 4-200Fort Meyers, FL 33908**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Nancy HilpertAddress: 18990 S. Tamiami Trl., Suite 4-200Fort Meyers, FL 33908**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 Agent12/4/2020
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/Incorporator12/4/2020
Date2020 DEC -8 AM 10:10
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STATE
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