# Paa00075878

|                        | (Requestor's Name)       |               |
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|                        |                          |               |
|                        | (Address)                |               |
|                        |                          |               |
|                        | (Address)                |               |
|                        |                          |               |
|                        | (City/State/Zip/Phone #) |               |
|                        |                          |               |
| PICK-UP                | wait                     | MAIL          |
|                        |                          |               |
|                        | (Business Entity Name)   |               |
|                        |                          |               |
| <del></del>            | (Document Number)        |               |
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| Special Instructions t | o Filing Officer:        |               |
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S. CHATHAM

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# **COVER LETTER**

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

| SUBJECT:                | REMARK SOLUTIONS, INC.                                   |   |   |
|-------------------------|--|---|---|
|                         | (PROPOSED CORPORA  | TE NAME - MUST INCL                               | <u>UDE SUFFIX</u> )   |
| Enclosed are an or      | iginal and one (1) copy of the art                       | icles of incorporation and                        | d a check for:  |
| □ \$70.00<br>Filing Fee | ·  | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED |
| FROM: _                 | Laura A. Hewitt  | e (Printed or typed)                              |   |
| _                       | 12481 Twin Eagles Blvd.                                  | Address   |   |
| _                       | Naples, FL 34120   | , State & Zip                                     |   |
| _                       | 612-386-7818  Daytime                                    | Felephone number                                  |   |
| _                       | lauraadelmanhewitt@gmail.com  E-mail address: (to be use | d for future annual report                        | notification)   |

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

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE: 970392 784429

AUTHORIZATION: Smellice rear

COST LIMIT : \$ 70.00

ORDER DATE: September 23, 2022

ORDER TIME : 10:23 AM

ORDER NO. : 970392-005

CUSTOMER NO: 7844290

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## DOMESTIC FILING

NAME: REMARK, INC.

## EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.



September 25, 2022

CORPORATION SERVICE COMPANY

SUBJECT: REMARK, INC. Ref. Number: W22000121782

RESUBMIT
Please give original

Please give original submission date as file date.

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000182769.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 422A00021336



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

| The name of the            | NAME         | shall be:                                 | REMARK S        | OLUTIONS, IM      | C.                         |           |                    |
|----------------------------|--------------|---|-----------------|-------------------|----------------------------|-----------|--------------------|
| ARTICLE II                 | PRINCIP      | . 51.411 00.                              |                 |                   | Mailing address, if differ | rent is:  |                    |
| 12481 Twir                 | 1 Eagles Blv | d   | <u> </u>        |                   |                            |           |                    |
| Naples, FL                 | 34120        | <u> </u>                                  |                 |                   |                            |           |                    |
| ARTICLE III The purpose fo |              | corporation is organized is:              | <u>To provi</u> | de business consu | ulting services.           |           |                    |
|                            |              |   |                 |                   |                            |           |                    |
|                            |              |   |                 |                   |                            |           |                    |
| ARTICLE IV                 |              |   | <u> </u>        |                   |                            |           |                    |
|                            |              | ck is: 1,000<br>OFFICERS AND/OR DIRE      | CCTORS          |                   |                            | 22 SEP ;  | NOISIAID<br>FECTOR |
| Name                       | and Title:_  | Laura A. Hewitt President / Chief Manager |                 | Name and Title:   | David Hewitt Treasurer     | 23        | 65<br>67           |
| Addre                      | ess          | 12481 Twin Eagles Blvd.                   |                 | Address:          | 12481 Twin Eagles          | Blvd. 🙄   |                    |
|                            |              | Naples, FL 34120                          |                 |                   | Naples, FL 34120           | <u>ಕ್</u> | <u></u>            |
|                            |              | -   |                 |                   |                            |           |                    |
| Name                       | and Title:   |   |                 | Name and Title:   |                            |           |                    |
| Addre                      | ess          |   |                 | Address:          | <u> </u>                   |           |                    |
|                            | _            |   |                 |                   |                            |           |                    |
| NI                         |              |   |                 | Name and Title    |                            |           |                    |
|                            |              |   |                 |                   |                            |           |                    |
| Addre                      | ess _        |   |                 | _ Address:        |                            |           |                    |
|                            | _            |   |                 |                   |                            |           |                    |
|                            | _            |   |                 |                   |                            |           |                    |

| Name ar                      | nd Title:   | Name and Title:                |                                      |
|------------------------------|---|--------------------------------|--------------------------------------|
| Address                      | s   | Address:                       |                                      |
|                              |   |                                |                                      |
|                              |   |                                |                                      |
|                              | REGISTERED AGENT  |                                |                                      |
| The name and F               | lorida street address (P.O. Box NOT acceptable)   | of the registered agent is:    |                                      |
| Name:                        | Corporation Service Company   |                                |                                      |
| Address:                     | 1201 Hays Street  |                                | บเพา<br>22                           |
|                              | Tallahassee, FL 32301   | _                              | SEP                                  |
|                              |   |                                | 23 PR                                |
| ARTICLE VII                  | INCORPORATOR  |                                | Pil Pi                               |
| The <u>name and a</u>        | ddress of the Incorporator is:  |                                |                                      |
| Name:                        | Laura A. Hewitt   | <del></del>                    |                                      |
| Address:                     | 12481 Twin Eagles Blvd.   | <u></u>                        |                                      |
|                              | Naples, FL 34120  |                                |                                      |
| A <b>DT</b> ICI E VIII       | EFFECTIVE DATE:   |                                |                                      |
| Effective date, if           | other than the date of filing:  | (OPTIONA                       | L)                                   |
| (If an effective of filing.) | date is listed, the date must be specific and can   | inot be more than five days    | prior or 90 days after the           |
|                              | inserted in this block does not meet the applical   | hla statutome filing raquirama | mee this data will not be listed.    |
|                              | effective date on the Department of State's record  |                                | ins, this date will not be listed to |
|                              |   |                                |                                      |
|                              | ned as registered agent to accept service of proces.<br>familiar with and accept the appointment as regis |                                |                                      |
| 5                            | last en   | <del></del>                    | 9/28/22                              |
|                              | Required Signature/Registered Agent   | <del></del>                    | Date                                 |
| I submit this doc            | cument and affirm that the facts stated herein a  | re true. I am aware that the   | e false information submitted in     |
|                              | Department of State constitutes a third degree fel  |                                |                                      |
| 1/1                          | ana a blessi  | $\times$                       | 9/6/2022                             |
| Required Signatu             | re/Incorporator   | <b>/</b>                       | Date                                 |