

5/25/23, 3:24 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P23000043939**

**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.

(((H23000193073 3)))



H230001930733ABC

**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

**\*\*\*\*\* RESUBMIT \*\*\*\*\***

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: DSMITH@DELSMITHCPA.COM

RECEIVED

2023 JUN -7 AM 10:59

CORPORATIONS  
COMMERCIAL  
SERVICES**FLORIDA PROFIT/NON PROFIT CORPORATION****— REM Enterprises, Inc. —**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

**KREMGEAR  
Enterprises, Inc.**2023 JUN -7 PM 3:11  
CLASSEDFILE

2023 JUN -7 PM 3:11

FILED

Electronic Filing Menu

Corporate Filing Menu

Help



May 26, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: REM ENTERPRISES, INC.  
REF: W23000075470

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is G35897.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

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

Dil Sultana  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H23000193073  
Letter Number: 923A00012149

FILED

JUN -7 PM 2:51  
TALLAHASSEE, FL  
REG. DIV. OF STATE

H23000193073

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: KREMGear Enterprises, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
12437 Lockford Lane  
Naples, FL 34120Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal or Lawful Purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Kimberly Morris-Layton - President/Director

Name and Title: \_\_\_\_\_

Address 12437 Lockford Lane  
Naples, FL 34120Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2023 JUN -7 PM 2:51  
STATE  
TREASURER, FL

H23000193073

H23000193073

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: Kimberly Morris-Layton

Address: 12437 Lockford Lane

Naples, FL 34120

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Kimberly Morris-Layton

Address: 12437 Lockford Lane

Naples, FL 34120

**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*

<u>Kimberly Morris-Layton</u>	<u>May 25, 2023</u>
Required Signature/Registered Agent	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.*

<u>Kimberly Morris-Layton</u>	<u>May 25, 2023</u>
Required Signature/Incorporator	Date

FILED  
 2023 JUN -7 PM 2:51  
 DEPT OF STATE  
 TALLAHASSEE FL

H23000193073