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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION **Remarkly Corporation**

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## 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.

St. Potorsburg  St. Potorsburg  (City)  (City)	(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting l	ousiness in Florida)			
(State or country under the law of which it is incorporated)  4. 06/08/2022  (Date of incorporation)  (Date of duration, if other than perpetual)  6. (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 7901 4th St N STE 300 St. Petersburg Ft. 33702  (Principal office street address)  7901 4th St N STE 4000 St. Petersburg Florida 33702  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc  Office Address: St. Petersburg	2. Delaware	3					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 7901 4th St N STE 300 St. Petersburg Ft. 33702  (Principal office street address)  7901 4th St N STE 4000 St. Petersburg Florida 33702  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  St. Petersburg  (City)  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,	06/08/2022	y under the law of which it is incorporated)					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 7901 4th St N STE 300 St. Petersburg Ft. 33702  (Principal office street address)  7901 4th St N STE 4000 St. Petersburg Florida 33702  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  St. Petersburg  , Florida  (City)  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,	(I)ato		(Date of duration, if other than perpetual)				
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(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc  St. Petersburg  St. Petersburg  (City)  Florida  33702  (City)  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,	7. 7901 4th St N ST	E 300 St. Petersburg FL 33702					
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc  St. Petersburg  St. Petersburg  (City)  Florida  33702  (City)  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,		(Principal office p	street address)				
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agenta Inc  7901 4th St N STE 300  St. Petersburg  (City)  St. Polersburg  (City)  Florida  (Zip code)  9. Registered agent's acceptance:  Ilaving 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,	7901 4th St N ST	E 4000 St. Petersburg Florida 33702					Ą
Name:    Name:   Registered Agents Inc		(Current mailing a	ddress, if different)	<u> </u>	2023		•
Name:    Registered Agents Inc   7901 4th St N STE 300	8. Name and street	t address of Florida registered agent: (P.O. B	lox NOT acceptable)		HA		
Office Address:    St. Potorsburg   Florida   St. Potorsburg   St. Potors	Name:	Registered Agents Inc	<u></u>	77	1 25	=	
(City)  (Zip code)	Office Address:	7901 4th St N STE 300				ΕD	
(City)  (Zip code)			, Florida	## + ## FL 09 FL 0	=		
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,		(City)	(Zip code)	- €H	52		
and I am familiar with and accept the obligations of my position as registered agent.	Having been nam designated in this further agree to c	ed as registered agent and to accept service of application, I hereby accept the appointmen comply with the provisions of all statutes relat	t as registered agent and agree ( tive to the proper and complete p	lo act in this capaci.	tv. I		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS							
□ Chairman	Name:	□ Chairman	Maria Gabriela Pulido de Lopez Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
© Director	7901 4th St N STE 300	<b>Ø</b> Director	7901 4th St N STE 300				
C)President	St. Petersburg Ft. 33702	<b>⊠</b> President	St. Petersburg FL 33702				
□Vice President		☐Vice President					
<b>⊠</b> Secretary	∐ Treasurer	Secretary	(X) Treasurer				
Other		[]Other	[]Other				
□Chairman	Name:	<b>⊡Chairma</b> n	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
☐Director		☐D <del>irector</del>					
☐ President		□ President					
OVice President		□Vice President					
□Secretary	OTreasurer	☐ Secretary	☐Trexsurer				
□ Other		□O <del>ther</del>	()Other				
☐Chairman	Name:	ClChairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
President	***	□ President					
□Vice President		☐Vice President					
Secretary	☐ Treassurer	□ Socretary	☐Tressurer				
Other	(1) Other	□ Other	DOther				
	Use an attachment to report more than six (6). To added to the index when filing your Florida De	partment of State Annual Re					
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 admitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.							
13. Kristiano Han	isted Blomqvist - Director	<u></u>					

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REMARKLY CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "REMARKLY CORPORATION" WAS INCORPORATED ON THE BIGHTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203419709

Date: 05-25-23

6844373 8300 SR# 20232369749