

F1900000 19 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

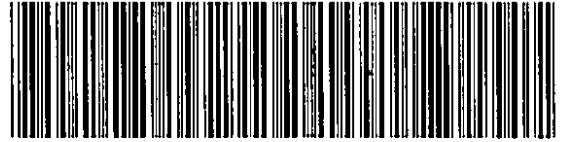
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLAHSSEE, FLORIDA

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4/19/19

COVER LETTER

TO: Registration Section
Division of Corporations
Revitafi, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Ryan Devey

	Name of Person
Revitafi, Inc.	
Firm/Company	
201 E. Sandpointe Ave Suite 220	
Address	
Santa Ana, CA 92707	
City/State and Zip code	
ryan.devey@revitafi.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Ryan Devey	714	988-6359		
_____	at (_____)	_____		
Name of Person	Area Code	Daytime Telephone Number		

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Revitafi, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable)
California 83-1008181

4. _____ 5. _____
(State or country under the law of which it is incorporated) (Date of duration, if other than perpetual)
6/12/18 Perpeual

6. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Have not transacted any business in Florida.

7. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
201 E. Sandpointe Avenue, Suite 220, Santa Ana, CA 92707

8. _____
(Principal office address)

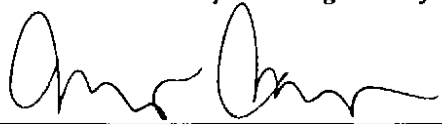
_____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael D. Moccia
Office Address: 1200 North Federal Highway, Suite 200
Boca Raton, Florida 33432
(City) (Zip code)

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, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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 under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA
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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: James C. Sketch
11808 Shire Wycliff Court, Tampa, FL 33626
Address: _____

Vice Chairman: _____
Address: _____

Director: Jame C. Sketch
11808 Shire Wycliff Court, Tampa, FL 33626
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: James C. Sketch
11808 Shire Wycliff Court, Tampa, FL 33626
Address: _____


Vice President: James C. Sketch
Address: _____

Secretary: Ryan Devey
201 E. Sandpointe Ave., Suite 220, Sarita Ana, CA 92707
Address: _____

Treasurer: James C. Sketch
11808 Shire Wycliff Court, Tampa, FL 33626
Address: _____

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SECRETARY OF STATE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Ryan Devey, Secretary
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

REVITAFI, INC.

FILE NUMBER: C4163355
FORMATION DATE: 06/12/2018
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of March 29, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State