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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

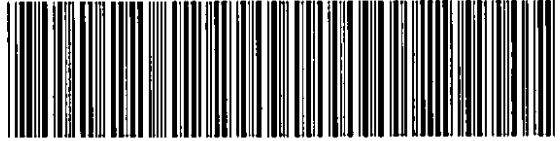
Special Instructions to Filing Officer

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2020

MICHAEL F ROZMAJZL  
885 WOODSTOCK ROAD, STE 430-236  
ROSWELL, GA 30075

SUBJECT: REJUVEN8 MED SPA, INC.  
Ref. Number: W20000026179

We have received your document for REJUVEN8 MED SPA, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 020A00005378

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FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: REJUVEN8 MED SPA, INC.  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

MICHAEL F. ROZMAJZL

Contact Person

MICHAEL F. ROZMAJZL, ESQ. P.C.

Firm/Company

885 WOODSTOCK ROAD, SUITE 430-236

Address

ROSWELL, GEORGIA 30075

City, State and Zip Code

MICHAEL@ROZCORPLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ROZMAJZL at ( 770 ) 310-0687

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 2020 NOV -2 PM 12: 18  
 TALLAHASSEE, FLORIDA

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

REJUVEN8 MED SPA, LLC

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/29/19 (as amended on 11/12/19)  
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

REJUVEN8 MED SPA, INC.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

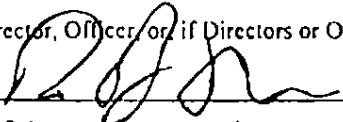
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DEPARTMENT OF STATE

Signed this 19<sup>th</sup> day of FEBRUARY, 2020

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:




Printed Name: RYAN DICKINSON Title: INCORPORATOR AND DIRECTOR

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]**

Signature: \_\_\_\_\_

Printed Name: RACHEL RODRIGUEZ Title: MEMBER

Signature: 

Printed Name: RYAN DICKINSON Title: MEMBER

Signature: 

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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 FILED  
 CLERK OF CIRCUIT COURT  
 IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: REJUVEN8 MED SPA, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

N/A

2260 PALM BEACH LAKES BL. 204

WEST PALM BEACH, FLORIDA 33409

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LEGAL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: TEN MILLION (10,000,000)

ALL INFORMATION FURNISHED  
HEREON IS UNCLASSIFIED  
DATE 11/20/18 BY 60322/UC/STP

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**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: RACHEL RODRIGUEZ Name and Title: \_\_\_\_\_

PRESIDENT

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

2260 PALM BEACH LAKES BL. 204

WEST PALM BEACH, FL 33409

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

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

Name and Title: RYAN DICKINSON Name and Title: \_\_\_\_\_

SECRETARY

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

2260 PALM BEACH LAKES BL. 204

WEST PALM BEACH, FL 33409

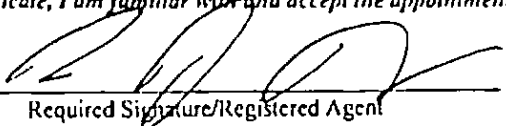
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RYAN DICKINSON

Address: 1060 HOLLAND DRIVE, SUITE M  
BOLERA TON, FL 33487

.....  
*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*

X   
Required Signature/Registered Agent

FEBRUARY 20, 2020  
Date

FILED  
2020 NOV -2 PM 12:18  
TALLAHASSEE, FL 32310  
CLERK OF COURT