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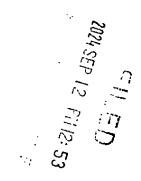
	(Requestor's Name)
· · · · · · · · · · · · · · · · · · ·	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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T.L. LIK

SEP 19 2024

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Rejuvenate Therapy LLC	
0020		Name of Limited Liability Company
		ited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning	g this matter to the following:
	Nathaniel Flores	
		Name of Person
	Rejuvenate Therapy LLC	
		Firm/Company
	30 N Gould St Ste R	
		Address
	Sheridan, WY 82801	
		City/State and Zip Code
	rejuvenatethearpy@gmail.c	com
	E-mail a	address: (to be used for future annual report notification)
For fur	ther information concerning this mat	ter, please call:
	Robin Jones	307 200-2803
	Name of Contact	
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		ing amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Liab	oility Company," "L.L.C," or "LL	
Wyoming		2		
(Jurisdiction under the law of which foreign limited liability company is organize		3. (FEI number	(, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)		
		30 N Gould St Ste R		
treet Address of Principal Office)		6. (Mailing Address)		
30 N Gould St Ste R		Sheridan, WY 82801		
Sheridan WV 82801				
Sheridan, WY 82801				
	ess of Florida registered agent: (P.O. Boy	NOT accontable)		
	ess of Florida registered agent: (P.O. Box	NOT acceptable)	20:	
Name and street addre	ess of Florida registered agent: (P.O. Box Nathaniel Flores	NOT acceptable)	2 024 ST	
	• • • • • · · · · · · · · · · · · · ·	NOT acceptable)	7024 SEP	
Name and street addre	• • • • • · · · · · · · · · · · · · ·	NOT acceptable)	2024 SEP 12	
Name and street addre	Nathaniel Flores 4522 W Village Dr. #1321			
Name and street addre	Nathaniel Flores 4522 W Village Dr. #1321 Tampa	33624		
Name and street addre	Nathaniel Flores 4522 W Village Dr. #1321	33624		
Name and street addre Name: Office Address:	Nathaniel Flores 4522 W Village Dr. #1321 Tampa ICity)	, Florida (Zip code)	FIL2: 53	
Name and street address: Office Address: egistered agent's acceptions been named as no	Nathaniel Flores 4522 W Village Dr. #1321 Tampa	33624, Florida(Zip code) rocess for the above stated limited li	ability company at the	

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Name and Address:	Title or Capacit	<u>ty:</u>	Name and Address
Name: Nathaniel Flores	□Manager	Name:	
4522 W Village Dr. #1321	□Member		
Tampa, FL 33624	□Authorized		
	Person		
Other	[]Other		Other
Name:	□Manager	Name:	
Address:	□Member	Address:	······
	□Authorized		
	Person		
□ Other	□Other		□Other
Name:	□Manager	Name:	
Address:	∐iMember	Address:	
	□Authorized		
valmi-	Person		
Other	□Other		☐Other
	Name:	Manager	Name: Manager Name: Address: Address: Member Address: Address: Member Address: Manager Name: Member Address: Member Address: Member Address: Member Manager Member Member Address: Member M

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

Signature of an authorized person

Nathani J Flores

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Rejuvenate Therapy LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 20, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001508920**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of September, 2024 at 7:56 PM. This certificate is assigned ID Number 076000819.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.