## POLLUUSSKY)

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Rebel RESTORA	rate name - must include su	Cr.	
Enclosed is an origin	nal and one(1) copy of the article	٠. ٠	TALLA	OI MAY 29
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	FILED Y 29 PM 3: 36 NETARY OF STATE ACTARY OF FLORIDA
FROM:	Schneider Name (Pr	nted or typed)  hason St	Servicas, Stel	The second
	$\mathcal{O}$	0, Fc 33,6 state & Zip 3 - 7210	021-563	3

NOTE: Please provide the original and one copy of the articles.

Ps /5/07

## ARTICLES OF INCORPORATION

	DIMENOS	
The undersigned incorporator, for the purpose of forming a corporation under the Flo	orida I MAT 29 PM 3	: 37
Business Corporation Act, hereby adopts the following Articles of Incorporation.	_SECRETARY OF ST	ΓΛΤ <del>ι</del>
	SECRETARY OF ST TALLAHASSEE, FLO	)ŘÍĎA
ARTICLE I NAME		
The name of the corporation shall be:	_	
Rebel BESTORATIONS, Inc.		
VICE - V. F. C.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be	•	
5660 Rooman St.		_
HOLLYWOOD, 7-P 33023		
ADMICT E III CUADEC		
The number of shares of stock that this corporation is authorized to have outstand	nding at any one time i	is:
1000		
1000		
	A DDDFCC	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET	ADDRESS	
The name and Florida street address of the initial registered agent are:  **TEFFREY Schne**	: 10 (	
$m{\epsilon}$		
3719 Johnson S		
ARTICLE V INCORPORATOR HOLLYWOOD, TO	33021-5633	
The <u>name and address</u> of the incorporator to these Articles of Incorporation ar	e:	
JEFFREY Schneider	,	
5719 Johnson St. Stel	1 /	
HOLLYWERP, 78 33021-5633	-1	$\overline{}$
Bliverdo S	114120	$\mathcal{U}_{\underline{}}$
Signature/Incorporator	/ Date/	

(An additional article must be added if an effective date is requested.)

the second of th	ocess for the above stated corporation at the place designated in this a agree to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept the
provisions of all statutes retaining to the proper and compress pr	, , , , , , , , , , , , , , , , , , ,
obligations of my position as registered agent	5/14/200
Signature/Registered Agent	Date