

FD 7888093654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

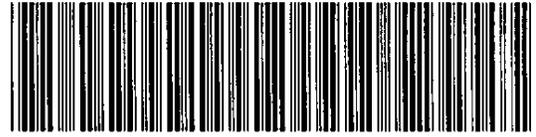
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/21/07--01034--020 **70.00

RECEIVED
07 AUG 21 PM 1:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 AUG 21 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2-8-12
03

COVER LETTER

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

SUBJECT: Regeneration Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Michael R Leathers
Name (Printed or typed)

1944 Quail Run
Address

Lynn Haven Fl. 32444
City, State & Zip

850 248-2777
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Regeneration Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2020 Thomas Dr, Suite #4
Panama City Beach Fl. 32408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael R Leathers
1944 Quail Run
Lynn Haven Fl. 32444
President

ARTICLE VI REGISTERED AGENT

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

Michael R Leathers
1944 Quail Run
Lynn Haven Fl. 32444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael R Leathers
1944 Quail Run
Lynn Haven Fl. 32444

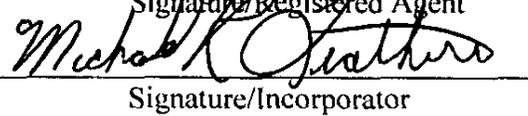
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/21/07

Date



Signature/Incorporator

8/21/07

Date