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	,				
(Re	equestor's Name)				
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(0)	h. 104-4-17; v. 1194	40			
(Ch	ty/State/Zip/Phone	· #)			
PICK-UP	WAIT	MAIL			
(Bu	ısiness Entity Narı	ne)			
(Do	ocument Number)				
Certified Copies	 Certificates 	of Status			
<u> </u>					
Special Instructions to	Filing Officer:				
Office Use Only					



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SALCESTARY OF STATE
ALLARIASSEE FLORINA

T. Burch ORT AN 2010

COVER LETTER

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

SUBJECT: Rejuvination Corporation					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: Joel E Stephens Name (Printed or typed)					
1801 Las Casas Rd Address					
Boca Raton, FL 33486 City, State & Zip					
(772) 283-9423 Daytime Telephone number					
danielblake1@bellsouth.net E-mail address: (to be used for future annual report notification)					

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)

ARTICLE I The name of the cor	NAME rporation shall be: Rejuvination Corporati	ion			
ARTICLE II	PRINCIPAL OFFICE	IOH			
ARTICLE II	Principal street address		Mailing address, if different is:		
1.	801 Las Casas Rd	1,	raining additions, in t	annorum is.	
	oca Raton, FL 33486		,		
	MALLANDE MALLAND				
_					
ARTICLE III				50	
	nich the corporation is organized is:			= =	
All lawful busi	ness			→ 計劃 8	
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				고층 골 ㅁ	
ARTICLE IV				另 是 东	
The number of share	es of stock is: 500			ĒΠ ω	
ADDIOLD II	INITIAL OFFICERS AND/OR DIRECTOR	96		F	
	Ile: Joel E Stephens Vice-President				
Address:	1801 Las Casas Rd				
Mulicos.	Boca Raton, FL 33486				
	DOCA MAION, I L. DO-FOO				
	lle:Kevin Jones President				
Address:	1801 Las Casas Rd	_ Address:			
	Boca Raton, FL 33486				
		-			
Name and Tit	ile:	Name and Title:			
Address:		Address:			
ARTICLE VI	REGISTERED AGENT				
	rida street address (P.O. Box NOT acceptable) o	f the registered agen	rtis:		
Name:	Kevin Jones				
Address:	1801 Las Casas Rd				
	Boca Raton, FL 33486				
ADDIOL D TITL					
	INCORPORATOR				
Name:	ress of the Incorporator is:				
Address:	Kevin Jones 1801 Las Casas Rd	-			
ridaess.	Boca Raton, FL 33486				
	d as registered agent to accept service of proces				
this certificate, I an	familiar with and accept the appointment as reg	ristered agent and a	gree to act in this o	capacity	
				us la la	
	- 66			10/2/10	
	Required Signature/Registered Agent			Date	
I subself this door	mont and affirm that the facts at the land.		that the false infe	- بىڭ لاخلىسىدارىس سورالەرسىس	
	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon			rmuuon suomiitea in a	
www.mem so the De	y y meru vy same consumees u muru uegree jeion	y as provincu jor in	3.01/.133, F.B.	. 11	
				1/2/18	
	Required Signature/Incorporator			Date	