

P11000006506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

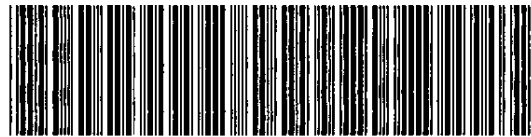
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/18/11--01011--030 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JAN 18 PM 4:04

APPROVED  
FILED

## COVER LETTER

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

**SUBJECT: Reverse It All Rejuvenation Corp.**

(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: Lia Arlt

Name (Printed or typed)

7896 Eastlake Dr. Suite 21D

Address

Boca Raton, FL 33433

City, State & Zip

954-448-3454

Daytime Telephone number

yasou\_00@yahoo.com

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 NAME**

Reverse It All Rejuvenation Corp.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7896 Eastlake Dr. Suite 21D

Boca Raton, FL 33433

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Health Care Marketing

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lia Arlt /CEO

Address: 7896 Eastlake Dr. Suite 21D

Boca Raton FL 33433

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

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

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

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Lia Arlt

Address: 7896 Eastlake Dr. Suite 21D

Boca Raton FL 33433

**ARTICLE VII INCORPORATOR**

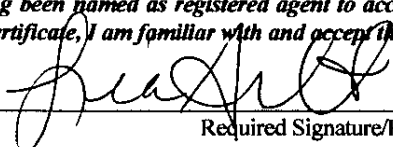
The name and address of the Incorporator is:

Name: Lia Arlt

Address: 7896 Eastlake Dr. Suite 21D

Boca Raton, FL 33433

*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*

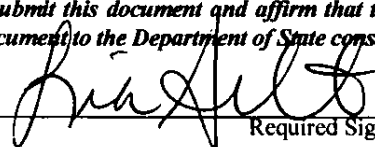


Required Signature/Registered Agent

1-13-11

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

1-13-11

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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