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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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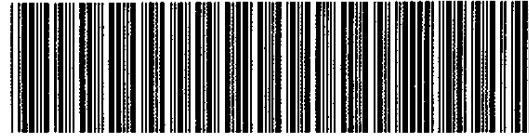
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 15 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
3/14/12

COVER LETTER

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

SUBJECT: Reviresco Redux, 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: Nicholas M Johnson, President

Name (Printed or typed)

1009 Buckbean Branch Ln W

Address

Saint Johns, FL 32259

City, State & Zip

973-477-1445

Daytime Telephone number

nixebiz@hotmail.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)

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12 MAR 15 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

Reviresco Redux, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1009 Buckbean Branch Ln W
Saint Johns, FL 32259

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To manage the income-producing activities of its shareholders.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nicholas M Johnson, President</u>	Name and Title: <u>Juliet A Johnson, Vice-President</u>
Address: <u>1009 Buckbean Branch Ln W</u>	Address: <u>1009 Buckbean Branch Ln W</u>
<u>Saint Johns, FL 32259</u>	<u>Saint Johns, FL 32259</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Registered Agent Solutions, Inc
Address: 155 Office Plaza Dr, Ste A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juliet A Johnson
Address: 1009 Buckbean Branch Ln W
Saint Johns, FL 32259

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



SEAN PREWITT, ASST. SEC.
Required Signature/Registered Agent

3-12-12
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

March 10, 2012
Date