

Feb. 1. 2013 11:38 AM

1121 PaP. 1 of 1

P13000010926

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305) 593-0829
Fax Number : (305) 593-8744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

DLEVY@LEVY-GROUP.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
REVOILVEN CA, INC.

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

No. 1121 P. 2
H130000253363

ARTICLE I NAME
The name of the corporation shall be: Revollven Ca, Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address
Revollven Ca, Inc
8519 Casa de Lago Suite 33A
Boca Raton, FL 33433

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gilda Janett Lira Mendoza (President) Name and Title:
Address: 8519 Casa de Lago Suite 33A Address:
Boca Raton, FL 33433

Name and Title: Yanett Luhafany Carapalca Lira (Secretary) Name and Title:
Address: 8519 Casa de Lago Suite 33A Address:
Boca Raton, FL 33433

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: THE LEVY GROUP, CORP
Address: 1887 NW 97 AVENUE, STE 102
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Gilda Janett Lira Mendoza
Address: 8519 Casa de Lago Suite 33A
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

02/01/2013

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

02/01/2013

Date

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TALLAHASSEE FLORIDA

FAX COVER SHEET**TO****COMPANY****FAX NUMBER** 18506176381**FROM** Tony Burroughs**DATE** 2013-02-01 08:43:01 PST**RE** FL SOS - LZ Order 505702065**COVER MESSAGE**

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