

P14000022787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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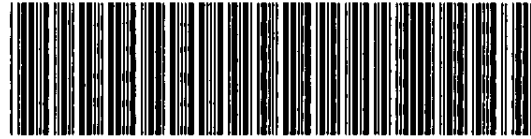
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 13 2014

J. BRYAN

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.102 FAX: (800) 388-0330  
EMAIL: jenny@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

**REGULAR FILING SERVICE**

DATE: FEB. 27, 2014

FROM: JENNY CHACON

Client Matter: 4626277

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **REVOLUTION WELLNESS CENTER, CORP.**

Enclosed is one of the following: **(X) ARTICLES OF  
INCORPORATION**

Return request with filing: **(1) CERTIFIED Endorsed Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET, COMMERCE, CA 90040\*\***

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):  
CHECK# 727627 \$155.00(FILING FEE & CERTIFIED COPY)

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TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REVOLUTION WELLNESS CENTER, CORP.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNY CHACON

(Name of Person)

ATTORNEYS CORPORATION SERVICE INC.

(Firm/Company)

5668 E. 61ST STREET

(Address)

COMMERCE, CA 90040

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNY CHACON

(Name of Person)

at ( 800 ) 462-5487 EXT 102

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

REVOLUTION WELLNESS CENTER, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

600 GREEN RIVER LN.  
DAVIE, FL 33325

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DIANA MORENO - PRESIDENT  
600 GREEN RIVER LN.  
DAVIE, FL 33325

CAMILO MORENO-SECRETARY / TREASURER  
600 GREEN RIVER LN.  
DAVIE, FL 33325

## ARTICLE VI REGISTERED AGENT

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

DIANA MORENO  
600 GREEN RIVER LN.  
DAVIE, FL 33325

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARMEN R. HERNANDEZ  
800 E. ARROW HWY.  
COVINA, CA 91722

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Incorporator

2/24/14  
\_\_\_\_\_  
Date

2/24/14  
\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA