

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION CENTER FOR EXCELLENCE IN REJUVENATION, INC

Certificate of Status	0
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Name (and Title:	Name and Title:	:
Addre	98	_ Address:	
	REGISTERED AGENT	- J .	
The name and Mor	Florida street address (P.O. Box NOT acceptable): LUIS G. BRITO	of the telegioned alout is:	5
	407 LINCOLN ROAD, SUITE 9A	-	8 7
	MIAMI BEACH, FLORIDA 33139		
ARTICLE YII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	TATIANA SUAREZ		7
Address:	1900 N BAYSHORE DRIVE, UNIT 207		:
	MIAMI, FLORIDA 33132		,
Effective date,	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cann	(OPTIONAL)	in and a supplemental to the supplemental to t
lnys after the <u>lote:</u> If the da		e statutory filing requirements, this	
ioning been no us certificate,	amed as registered agent to accept service of proces I am Jamilian with and accept the appointment as re	s for the above stated corporation elstered agent and agree to act in	t at the place designated in this capacity
Required Signature Registered Agen			2/3/2015
			Date
जर्मकार्ध विश्वंड वेह ocument to the	ocument and uffirm that the facts stated herein are e Department of State constitutes a third degree felo	true. I am aware that the false in ny as provided fitr in s.817.155, F.	nformation submitted in a S
(W) I I I I X		;	2/3/2015
Reg	ulted Strangiture (theorporator)		Date

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