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COVER LETTER

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

SUBJECT: Box	dy Contouring and Skin Rejuvenation	Center, Inc.			
SUBJECT	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe	· ·	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED		
FROM:	David A. Donet, Jr., Esq.	ame (Printed or typed)			
	3250Mary Street, Suite 406				
	Address				
	Coconut Grove, FL 33133		_		
	City, State & Zip				
	305-444-0030				
	donet@dmt-law.com				
	E-mail address: (to be a	used for future annual report r	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)

FILED

ARTICLE I NAME The name of the corpora		Rejuvenation Center, Inc.	2016 DEC -5 AM 7: 57
ARTICLE II PRINC	CIPAL OFFICE		TALLAHASSEE STATE
	Principal street address	Mailing	address, if different is: FLURIDA
2001 N Federal Highwa Pompano Beach, FL 33			
			
ARTICLE III PURPO The purpose for which the	DSE To engage he corporation is organized is:	e in the business of non-inva	sive body contouring treatment
for circumferential and	cellulite reduction using the VelaShape@	system and to conduct the	business in the manner in which
it is ordinarily conducte	d by others engaged in a similar busines	s. The foregoing shall be con	strued as enumerating both
objects and powers of th	ne Corporation, but it is hereby expressly	provided that the foregoing	enumeration of specific powers
shall not be held to limit	t or restrict in any manner the powers of	this Corporation, and the Co	rporation may engage in any
activity or business pern	nitted under the laws of the United State	s of America and of the State	e of Florida.
Name and Title	L OFFICERS AND/OR DIRECTORS Shirley Moreira Director, President	Name and Title:	
Address	2001 N Federal Highway, Suite 208	Address:	
	Pompano Beach, FL 33062		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address			
Audicas			

	•		FILED 2816 DEC -5 AM 7: 57
Name	and Title:	Name and Title:	- COTO UEC -5 AM 7:57
Addre	ess	Address:	SECTION OF STATE
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	David A. Donet, Jr. Esq.		
Address:	3250 Mary Street, Suite 406		
	Coconut Grove, FL 33133		
	INCORPORATOR address of the Incorporator is:		
Name:	Shirley Moreira	_	
Address:	2001 N Federal Highway, Suite 208		
	Pompano Beach, FL 33062		
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cann	. (OPTIONA not be more than five days	AL) s prior or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records		ents, this date will not be listed as
Having been no this certificate, i	Required Signature/Registered Agent	ss for the above stated corp egistered agent and agree to	ooration at the place designated in o act in this capacity 2
	cument and affirm that the facts stated herein are pepartment of State constitutes a third degree felo		
Requ	DOLLLOU pired Signature/Incorporator	 	11-21-16 Date