

P 17000009341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

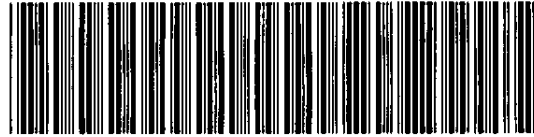
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500294644975

RECEIVED
17 JAN 27 PM 1:42

2017 JAN 27 AM 11:35
TALLAHASSEE, FL 32301

C. GOLDEN

JAN 30 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 482231 7972556

AUTHORIZATION :

COST LIMIT : \$ 70.00

Donald Coleman

ORDER DATE : January 27, 2017

ORDER TIME : 10:55 AM

ORDER NO. : 482231-005

CUSTOMER NO: 7972556

DOMESTIC FILING

NAME: PROMISE REJUVENATION CENTERS,
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

2017 JAN 27 AM 11:35
TALLAHASSEE, FL 32301
1-11-35

COVER LETTER

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

SUBJECT: Promise Rejuvenation Centers, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2017 JUN 27 AM 11:35
TALLAHASSEE DIVISION
DIVISION OF CORPORATIONS

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Promise Rejuvenation Centers, Inc.

2017 JAN 27 AM 11:35

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

999 Yamato Road

Suite 300

Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legally permissible

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Baronoff, Director

Name and Title: Peter Baronoff, CEO

Address 999 Yamato Road

Address: 999 Yamato Road

Suite 300

Suite 300

Boca Raton, FL 33431

Boca Raton, FL 33431

Name and Title: Richard Gold, President

Name and Title: James Hopwood, VP Treasurer

Address 999 Yamato Road

Address: 999 Yamato Road

Suite 300

Suite 300

Boca Raton, FL 33431

Boca Raton, FL 33431

Name and Title: David Armstrong, VP Secretary

Name and Title: _____

Address 999 Yamato Road

Address: _____

Suite 300

Boca Raton, FL 33431

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: David Armstrong
Address: 999 Yamato Road, Suite 300
Boca Raton, FL 33431

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: _____ Courtney Williams
Corporation Service Company Asst. Vice President
Required Signature/Registered Agent Date 01.27.17

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 Date 1/27/17