

PI 000055285

(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

JUN 28 2017

T. SCOTT



000293054480

01/30/17--01015--016 \*\*30.00

03/22/17--01005--002 \*\*75.00

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JUN 28 2017  
AK 8:46



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2017

TREISA SMITH  
2787 EAST OAKLAND PARK SUITE 401  
FORT LAUDERDALE, FL 33306

SUBJECT: REJUVENATIONS ON THE GO  
Ref. Number: W17000011974

We have received your document for REJUVENATIONS ON THE GO and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 117A00011547

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17 JUN 26 PM 4:45  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Rejuvenations On the go  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Treisa Smith  
Contact Person

Rejuvenations On the go  
Firm/Company

2787 East Oaklandpark Blvd #401  
Address

Fort Lauderdale FL 33306  
City, State and Zip Code

Treisa.Rejuvenationspa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Treisa Smith at (954) 657-1166  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

paid

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Rejuvenations On the go LLC  
Enter Name of Other Business Entity 2/4/2014

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/2014  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Rejuvenations On the go Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2017

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

**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.

17 JUN 29 AM 8:46  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 13 day of April, 2017.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Treisa Smith  
Printed Name: Treisa Smith Title: president

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Treisa Smith

Printed Name: Treisa Smith Title: president

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**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: Regenerations On the go Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

2787 East Oaklandpark Blvd  
Suite 401, Fort Lauderdale  
Florida 33306

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Income and status Increase/proper  
Tax purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Treisa Smith / president Name and Title: \_\_\_\_\_

Address: 2787 East Oakland Address: \_\_\_\_\_

Park Blvd #401

Fort Lauderdale, FL 33306 Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

NOTARIAL PUBLIC  
JAN 25 2011  
AM 8:46

**ARTICLE VI REGISTERED AGENT**

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

Name: Treisa Smith

Address: 2787 East Oakland park blvd  
Suite 401 Fort lauder dade fl 33306

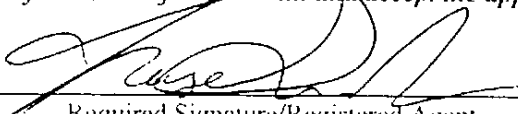
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Treisa Smith

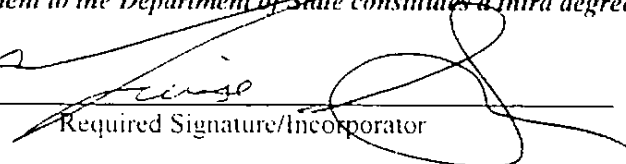
Address: 2787 East Oakland park Blvd  
Suite 401 Fort lauder dade fl 33306

\*\*\*\*\*  
*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

4/1/17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

4/1/17  
Date