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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA PROFIT/NON PROFIT CORPORATION

Turquoise Rejuvenation Center, Inc.

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ARTICLES OF INCORPORATION

2019-03-21 11:33:17 CST

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

CLE II PRIN High Pointe Dr.	CIPAL OFFICE Principal street address		Mailing address, if different is:
cula, Florida 325	05-1830		
CLE III PURP urpose for which	OSE Any leg	al activity / business m	anagement services
umber of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS Erin Lindholm - Director 5055 High Pointe Dr.		5055 High Pointe Dr.
I <u>CLE V INITI</u> Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTORS Erin Lindholm - Director 5055 High Pointe Dr. Pensacola, Florida 32505-1830 Erin Lindholm - President	Name and Title	5055 High Pointe Dr. Pensacola, Florida 32505-1830 Carl Lindholm, Jr President

	d Title:	Name and Title:
Address		Address:
	•	
ADTICI F VI	REGISTERED AGENT	
The pame and F	orida street address (P.O. Box NOT acceptal	ble) of the registered agent is:
Name:	NRAI Services, Inc.	
Address:	1200 South Pine Island Road	
11001100.	Plantation, FL 33324	
		·
ARTICLE VII	INCORPORATOR	
The name and a	diress of the Incorporator is:	
Name:	Laughlin Associates, Inc.	
Address:	9120 Double Diamond Pkwy	
·	Reno, NV 89521	
ARTICLE VIII	Other than the date of filing:	(OPTIONAL)
Effective date, it (If an effective d filing.)	late is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
-		Early servery Clina requirements this date will not be listed a
Note: If the date the document's	e inserted in this block does not meet the appli- effective date on the Department of State's rec	licable statutory filing requirements, this date will not be listed as cords.
		a de la companie de l
Having been na-	med as registered agent to accept service of p ani familiar with fund accept the appointment	process for the above stated corporation at the place designated tas registered agent and agree to act in this capacity
this certificate, I		Koren Fugersand 3/21/2019
this certificate, I NRAI Services,		<u></u>
	- Required Signature/Registered Ages	nt Asst Secretary Date
NRAI Services.	- Required Signature/Registered Ages	in are true. I am aware that the false information submitted in
NRAI Services.	Required Signature/Registered Ages	in are true. I am aware that the false information submitted in