

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
REJUVENATING AESTHETIC CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FL

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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Rejuvenating Aesthetic Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

BB90 SW 24<sup>th</sup> St Suite 201b  
Miami, FL 33165

Miami, FL 33165

**ARTICLE III** **SHARES:** The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Rachel Abreu (P)

SECRETARIAT OF STATE  
TALLAHASSEE, FL

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77

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Rachel Abrey

8890 SW 24th St Suite 204

Miami, FL 33165

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

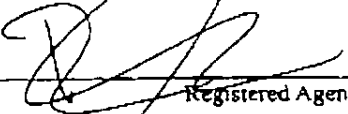
Rachel Abreu

8890 SW 24th St Suite 206

Miami, FL 33165

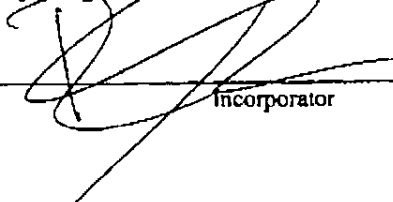
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

5/2/19  
\_\_\_\_\_  
Date

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.

  
\_\_\_\_\_  
Incorporator

5/2/19  
\_\_\_\_\_  
Date

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