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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973

Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address	:			

FLORIDA PROFIT/NON PROFIT CORPORATION REVIVME MASSAGE INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

and to position to.
Revivme MASSAGE INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
10700 CITY CENTER BLVD # 1301
Penbroke PINES FL. 33025
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Ennest Paston (P)
MARTHA JANETH TRUMMERT (VP)
LDTTOX T. I.
The name and Florida strong address (DO Bosses and Florida strong address (DO Bosses and Florida strong address (DO Bosses
The name and Florida street address (PO Box not acceptable) of the registered agent is: ERNEST PASTOR
Prophy Pin El 33035
tembroke Pines IF 33025.
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ERNEST Pastor
10700 City Center Blud # 1301
Pembroke Pines FL. 33025.
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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 S 7 / 15
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 5/7/15