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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

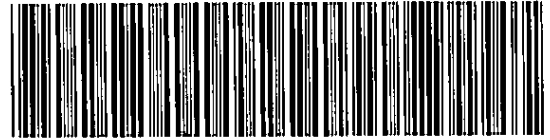
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 MAY 25 PM 6:30

## COVER LETTER

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

SUBJECT: Revival Room Skin and Body, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

*\*please see  
EIN Attached*

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: Susanne Adeline Moore  
Name (Printed or typed)

1540 Highland Avenue  
Address

Melbourne, FL 32935  
City, State & Zip

(160) 559 4448  
Daytime Telephone number

Susanne.moore22@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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: Revival Room Skin and Body, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1540 Highland Ave  
Melbourne, FL 32935

Mailing address, if different is:

1540 Highland Ave  
Melbourne, FL 32935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lawful business of  
Skincare and nurse transformative coaching.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susanne Adeline Moore Name and Title: \_\_\_\_\_

Address 1540 Highland Ave Address: \_\_\_\_\_  
Melbourne, FL 32935  
President

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

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

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

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

2021 MAY 25 PM 6:30

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: Susanne Adeline Moore  
Address: 1540 Highland Ave  
Melbourne, FL 32935

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**ARTICLE VII INCORPORATOR**

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

Name: Susanne Adeline Moore, President  
Address: 1540 Highland Ave  
Melbourne, FL 32935

**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:*

S. Moore 5/18/21  
Required Signature/Registered Agent 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.*

Susanne Adeline Moore 5/18/21  
Required Signature/Incorporator Date