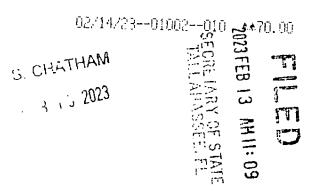
P23000011328

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (100.000) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Chuty Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



600391504326





CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| | | WALK IN |
|-------|----------------------------|-----------------------|
| | PICK ! | UP: <u>02/13/2023</u> |
| | CERTIFIED COPY | |
| | РНОТОСОРУ | |
| | CUS | |
| хx | FILING | ARTICLES |
| • | Revamm Corp. | |
| | (CORPORATE NAME AND DOCUME | ENT#) |
| r• | | |
| | (CORPORATE NAME AND DOCUME | ENT #) |
| | | |
| | (CORPORATE NAME AND DOCUME | ENT #) |
| • | | |
| | (CORPORATE NAME AND DOCUME | ENT#) |
| • | (CODDODATE NAME AND DOGULO | |
| | (CORPORATE NAME AND DOCUME | :NI#) |
| • | (CORPORATE NAME AND DOCUME | FNT #) |
| PECIA | | A-1 0) |

COVER LETTER

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

SUBJECT: REVAMM Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed are an orig | inal and one (1) copy of the art | cles of incorporation and | a check for: |
|-------------------------|--|---|---|
| □ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |

| ROM: | Ross H. Manella | | | |
|------|--|--|--|--|
| | Name (Printed or typed) | | | |
| | One East Broward Blvd., Suite 1010 | | | |
| | Address | | | |
| | Fort Lauderdale, FL 33301 | | | |
| | City, State & Zip | | | |
| | 954-375-1138 | | | |
| | Daytime Telephone number | | | |
| | rmanella@hinshawlaw.com | | | |
| • | E-mail address: (to be used for future annual report notification) | | | |

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

| W 23rd Place | Principal street address | | Mailing address, if different is: | | |
|---|---|--|---|--|--|
| . FL 33324 | | | | | |
| CLE III PUI | RPOSE ch the corporation is organized is: Any a | nd all tawful busi | ness. | | |
| | | | 2023 SEC TA | | |
| | | | TREE TE | | |
| 10.4. | | · - | ## 3 | | |
| · · | | | 2000 mg | | |
| · | | | | | |
| | | | 77 9 | | |
| | s of stock is: 1000 | | | | |
| umber of shares | ARES s of stock is: 1000 TIAL OFFICERS AND/OR DIRECTOR Fitle: Maryse Fortier - P/D | = | _{tle:} _Jean-Francois Baril - S/D/T | | |
| umber of shares | s of stock is: 1000 TIAL OFFICERS AND/OR DIRECTOR | = | _{tle:} Jean-Francois Baril - S/D/T 8598 SW 23rd Place | | |
| umber of shares CLE V INI Name and I | s of stock is: 1000 TIAL OFFICERS AND/OR DIRECTOR Title: Maryse Fortier - P/D | Name and Ti | | | |
| umber of shares CLE V INI Name and T Address | TIAL OFFICERS AND/OR DIRECTOR Fitle: Maryse Fortier - P/D 8598 SW 23rd Place Davie, FL 33324 | Name and Tr | 8598 SW 23rd Place Davie, FL 33324 | | |
| CLE V INI Name and T Address Name and T | TIAL OFFICERS AND/OR DIRECTOR Title: Maryse Fortier - P/D 8598 SW 23rd Place Davie, FL 33324 | Name and Ti | 8598 SW 23rd Place Davie, FL 33324 | | |
| umber of shares CLE V INI Name and T Address | TIAL OFFICERS AND/OR DIRECTOR Title: Maryse Fortier - P/D 8598 SW 23rd Place Davie, FL 33324 | Name and Tr | | | |
| CLE V INI Name and T Address Name and T | TIAL OFFICERS AND/OR DIRECTOR Title: Maryse Fortier - P/D 8598 SW 23rd Place Davie, FL 33324 Steven Tremblay - VP/D 8598 SW 23rd Place | Name and Ti Address: Name and Ti Address: Address: | 8598 SW 23rd Place Davie, FL 33324 | | |
| CLE V INI Name and T Address Name and T Address | TIAL OFFICERS AND/OR DIRECTOR Title: Maryse Fortier - P/D 8598 SW 23rd Place Davie, FL 33324 Steven Tremblay - VP/D 8598 SW 23rd Place Davie, FL 33324 | Name and Ti Address: Name and Ti Address: | 8598 SW 23rd Place Davie, FL 33324 | | |

| Name | and Title: | Name and Title: | |
|-----------------|---|--------------------------------------|---------------------------------------|
| . Addr | ess | Address: | |
| | | | |
| | | | <u></u> |
| | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: | Ross H. Manella, Esq. | | (0 N |
| Address: | One East Broward Blvd., Suite 1010 | | 023F ECR |
| | Fort Lauderdale, FL 33301 | | |
| ARTICLE VII | I INCORPORATOR | | 3 AH ASSEE |
| The name and | address of the Incorporator is: | | MIII: 09 |
| Name: | Ross H. Manella, Esq. | | 31 |
| Address: | One East Broward Blvd., Suite 1010 | | |
| | Fort Lauderdale, FL 33301 | | |
| Effective date, | II EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and cannot | . (OPTIONA be more than five days | aL) s prior or 90 days after the |
| | ate inserted in this block does not meet the applicable s effective date on the Department of State's records. | statutory filing requireme | ents, this date will not be listed as |
| | amed as registered agent to accept service of process fo n familiar with and accept the appointment as registere | | |
| | Ross H. Manella Required Signature/Registered Agent | | 2/8/2023 |
| - | Descripted Company (Description of Asset | | 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.

Daniel Marsolla