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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

: (305)675-5944

Fax Number

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

Email	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION REVIVME MASSAGE INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

		ARTICLE 1 NAME: The name of the corporation is:
	_	REVIVME MASSAGE INC.
		ARTICLE II PRINCIPAL OFFICE:
		The principal street address and mailing address is:
		10700 CITY CENTER BLVD # 1301
		Pembroke PINES, FL. 33025
		ARTICLE III SHARES: The number of shares of stock is: \\OO
		ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
		ERNEST PASTOR (P)
		MARTHA JANETH TrUMMENT (VP)
广1. L. U , MH: 22	SECRITANT OF STATE SALLAHASSEE, FLORIDA	ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: ERNEST PASTOR 10700 CITY CENTER BLVD # 1301 Pembroke PINES, FL. 33025 ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: ERNEST PASTOR 10700 CITY CENTER BLVD # 1301 Pembroke PINES, FL. 33025

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 May 1, 2023

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 MAY 1, 2023