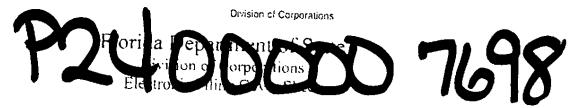
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : 120200000102 Phone : (954)998-1035 Fax Number : (954)573-1490

**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 REJUVENATE SKIN CARE INC

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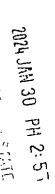
KARTYNIKNIKA@GMAIL.COM

P. O. Box 6327 Tallahassee, FL 32314	
SUBJECT: REJUVENATE SKIN CARE INC (PROPOSED CORPO	DRATE NAME – <u>MUST INCLUIDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
☐ \$70.00	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: NIKA KARTYNIK	nme (Printed or typed)
701 BRICKELL AVE SUITE 10	
MIAMI FL 33131	ity, State & Zip

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

Daytime Telephone number

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)

RTICLE II PRINC	IPAL OFFICE			
ARTICLE II PRINCIPAL OFFICE Principal street address 701 BRICKELL AVE SUITE 103 WIAMI FL 33131		ZOA BRIGAS	Mailing address, if different is: 701 BRICKELL AVE SUITE 103	
		MIAMI FL 33131		
DTICLE III DUNK	MOIT.			
he purpose for which the	ne corporation is organized is: ANY AND	ALL LAVVOUL	_ BUSINESS	
RTICLE IV SHARI	<u> </u>			
1 1	- 100			
he number of shares of	100 stock is: 100			
RTICLE V INITIA	I. OFFICERS AND/OR DIRECTORS			
ARTICLE V INITIA	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT	Name and Title:		
ARTICLE V INITIA	I. OFFICERS AND/OR DIRECTORS	Name and Title:		
Name and Title	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT	Name and Title:		
RTICLE V INITIA	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title:		
Name and Title Address	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address.		
Name and Title Address Name and Title	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address. Name and Title:		
Name and Title Address	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address.		
Name and Title Address Name and Title	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address. Name and Title:		
Name and Title Address Name and Title	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address. Name and Title:		
Name and Title Address Name and Title: Address	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address. Name and Title:		
Name and Title Address Name and Title: Address	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address: Name and Title: Address:	2024 SEC: MALL	
Name and Title Address Name and Title: Address	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address: Name and Title: Address:	2024 JAN 30 SECRITORIALLANGES	G 6:
Name and Title Address Name and Title: Address	I. OFFICERS AND/OR DIRECTORS NIKA KARTYNIK PRESIDENT 701 BRICKELL AVE SUITE 103 MIAMI FL 33131	Name and Title: Address: Name and Title: Address:	ZOZH JAN SECRATI MALLAIJA	

Name a:	nd Title:	Name and Title	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	NIKA KARTYNIK		
Address:	701 BRICKELL AVE SUITE 103	-	
	MIAMI FL 33131	-	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and as	ddress of the incorporator is:		
Name:	NIKA KARTYNIK		
Address:	701 BRICKELL AVE SUITE 103		
	MIAMI FL 33131		
Effective date, if (If an effective d filing.) Note: If the date	other than the date of filing: late is listed, the date must be specific and cannot inserted in this block does not meet the applicable offective date on the Department of State's records.	t he more than five days pri	·
Having been nam certificate, I am f	ned as registered agent to accept service of process fo amiliar with and accept the appointment as registere	r the above stated corporation all agent and agree to act in th	at the place designated in this is copacity
	Required Signature/Registered Agent		01/30/2024
l submit this doc document to the L	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the fals as provided for in s.817.155,	Date se information submitted in a F.S.
Required Signatu	re/incorporator	Date	01/30/2024
			TILL JAN 30
			PH 2:
			5