

P24000036674

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

****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

DesignRevival, Corp.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED

2024 MAY 31 PM 1:38

ALLSTATE CORPORATE SERVICES CORP
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10:11

01

2024 MAY 31 PM 9:57

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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: DesignRevival, Corp.

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address <u>4834 NW 2nd Ave #10001</u> <u>Boca Raton, FL 33431</u>	Mailing address, if different is: <u>4834 NW 2nd Ave #10001</u> <u>Boca Raton, FL 33431</u>
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Ewelina Faron, President</u>	Name and Title: _____
Address <u>4834 NW 2nd Ave #10001</u>	Address: _____
<u>Boca Raton, FL 33431</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ewelina Faron

Address: 4834 NW 2nd Ave #10001

Boca Raton, FL 33431

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ewelina Faron

Address: 4834 NW 2nd Ave #10001

Boca Raton, FL 33431

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/ Ewelina Faron

Required Signature/Registered Agent

05/29/2024

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./s/ Ewelina Faron

Required Signature/Incorporator

05/29/2024

Date

11:10:57