

**CORPORATE
ACCESS,
INC.**

P96000079152

1116-D Thomaville Road, Mount Vernon Square, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666, Fax (904) 222-1666

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9/20/96

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Profit

1.) Rejuvenations, Incorporated
(CORPORATE NAME & DOCUMENT #)

2.) _____
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(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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SEP 24 1996

W96-19960



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

September 23, 1996

CORPORATE ACCESS, INC.

TALLAHASSEE,

SUBJECT: REJUVENATIONS, INCORPORATED
Ref. Number: W96000019960

We have received your document for REJUVENATIONS, INCORPORATED and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 796A00043698

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Rejuvenationu Wellnoess Therapion, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4942 W. Gandy Blvd.
Tampa, FL 33611

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Allen P. Sorensen
4942 W. Gandy Blvd.
Tampa, FL 33611

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Allen P. Sorenson, President

4942 W. Gandy Blvd.
Tampa, FL 33611

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of September, 19 96.

(An additional article must be added if an effective date is requested.)

Allen P. Sorenson
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Rejuvenations Wellness Therapies, Inc.

2. The name and address of the registered agent and office is:

Allen P. Sorensen
(NAME)

4942 W. Gandy Blvd.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, FL 33611
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Allen P. Sorensen
(SIGNATURE)

9-19-96
(DATE)