

P9800054012

TRANSMITTAL LETTER

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

SUBJECT: HEALTH REJUVENATION SERVICES, INC.
(Proposed corporate name - must include suffix)

900002559859--1
-06/15/98--01085--010
****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: William A. GRANTER
Name (Printed or typed)

500 NW 103 TERR.
Address

Pembroke Pines, FL 33026
City, State & Zip

954. 442. 0933
Daytime Telephone number

FILED
98 JUN 15 AM 9:17
STATE
TALLAHASSEE, FLORIDA

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

013
11-17-98
H

ARTICLES OF INCORPORATION

for

HEALTH REJUVENATION SERVICES, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

HEALTH REJUVENATION SERVICES, INC.

The principal place of business of this corporation shall be:

6187 NW 167 ST #H-39, MIAMI, FL 33015

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TALLAHASSEE, FLORIDA

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of corporation's existence or until their successor (s) is (are) elected, is (are):

**WILLIAM ALAN GRUNTNER
PRESIDENT
500 NW 103 TERRACE
PEMBROKE PINES, FL 33026**

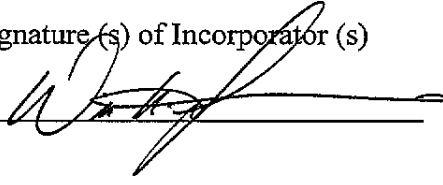
ARTICLE VI INCORPORATOR(S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

**WILLIAM ALAN GRUNTLER
PRESIDENT
500 NW 103 TERRACE
PEMBROKE PINES, FL 33026**

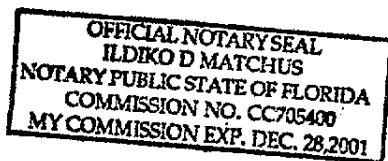
IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this
11TH day of **JUNE, 1998**

Signature (s) of Incorporator (s)



**STATE OF FLORIDA
COUNTY OF DADE**

THE FOREGOING instrument was acknowledged and sworn to before me this **11TH** day of **JUNE, 1998** by
WILLIAM ALAN GRUNTLER of **HEALTH REJUVENATION SERVICES, INC.**



Notary Public

 **6/11/98**
My commission Expires:

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325, 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: **HEALTH REJUVENATION SERVICES, INC.**
- 2.The name and address of the registered agent and office is:

WILLIAM ALAN GRUNTLER
PRESIDENT
500 NW 103 TERRACE
PEMBROKE PINES, FL 33026

SIGNATURE _____

TITLE: **PRESIDENT**

DATE: **JUNE 11TH 1998**

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE _____

DATE: **JUNE 11TH 1998**