

P2 0000087655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

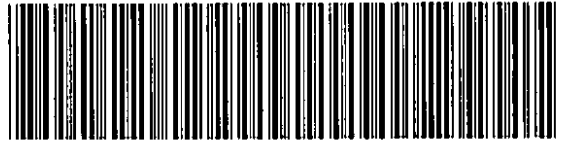
Special Instructions to Filing Officer

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02/24/20--01042--028 **105.00

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FALLASSISTANT/10/

2020 NOV -2 PM 12: 18

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2020

MICHAEL F ROZMAJZL
885 WOODSTOCK ROAD, STE 430-236
ROSWELL, GA 30075

SUBJECT: REJUVEN8 MED SPA, INC.
Ref. Number: W20000026179

We have received your document for REJUVEN8 MED SPA, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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 (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 020A00005378

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FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: REJUVEN8 MED SPA, INC.
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

MICHAEL F. ROZMAJZL
Contact Person

MICHAEL F. ROZMAJZL, ESQ. P.C.
Firm/Company

885 WOODSTOCK ROAD, SUITE 430-236
Address

ROSWELL, GEORGIA 30075
City, State and Zip Code

MICHAEL@ROZCORPLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ROZMAJZL at (770) 310-0687
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
 2020 NOV - 2 PM 12: 18
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

REJUVEN8 MED SPA, LLC

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/29/19 (as amended on 11/12/19)
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

REJUVEN8 MED SPA, INC.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

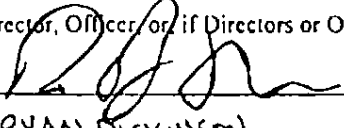
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DEPARTMENT OF STATE

Signed this 19th day of FEBRUARY, 2020

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

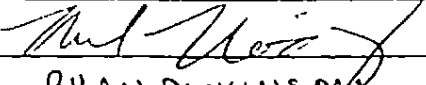


Printed Name: RYAN DICKINSON Title: INCORPORATOR AND DIRECTOR

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: _____

Printed Name: RACHEL RODRIGUEZ Title: MEMBER

Signature: 

Printed Name: RYAN DICKINSON Title: MEMBER

Signature: 

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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 FILED
 CLERK OF CIRCUIT COURT
 IN AND FOR THE COUNTY OF
 PALM BEACH, FLORIDA

ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: REJUVEN8 MED SPA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

N/A

2260 PALM BEACH LAKES BL. 204

WEST PALM BEACH, FLORIDA 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: TEN MILLION (10,000,000)

ALL INFORMATION FURNISHED
HEREON IS UNCLASSIFIED
DATE 11/20/20 BY 60322/UC/STP

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FILED

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: RACHEL RODRIGUEZ Name and Title: _____

PRESIDENT

Address: _____ Address: _____

2260 PALM BEACH LAKES BL. 204

WEST PALM BEACH, FL 33409

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: RYAN DICKINSON Name and Title: _____

SECRETARY

Address: _____ Address: _____

2260 PALM BEACH LAKES BL. 204

WEST PALM BEACH, FL 33409

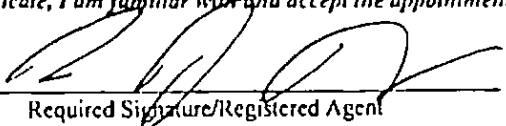
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RYAN DICKINSON

Address: 1060 HOLLAND DRIVE, SUITE M
BOLA RATON, FL 33487

.....
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

X 
Required Signature/Registered Agent

FEBRUARY 20, 2020
Date

FILED
2020 NOV -2 PM 12:18
TALLAHASSEE, FL 32310
CLERK OF COURT