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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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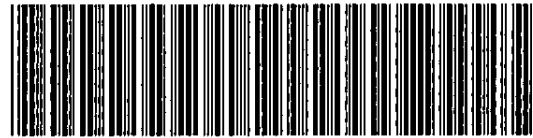
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 27 AM 11:00

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AND
FILED

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healing Through Touch Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Fern Ritacca
(Name of Person)

HEALING THROUGH TOUCH, INC
(Firm/Company)

28776 Xenon Way
(Address)

Bonita Springs, FL 34135
(City/State and Zip code)

For further information concerning this matter, please call:

Fern Ritacca at (847) 361-3376
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HEALING THROUGH TOUCH, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 36-4595323
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 07, 2006 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40 SUSAN KIRSCHNER 1560 N. SANDBERG TERRACE #4206, CHICAGO, IL
(Principal office address)

28776 XENON WAY, BONITA SPRINGS, FL 34135
(Current mailing address)

8. HOLISTIC SERVICES SPECIALIZING IN THE SENIOR POPULATION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Fern Ritacca

Office Address: 28776 Xenon Way
BONITA SPRINGS, Florida 34135
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Fern Ritacca
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

11 OCT 27 4:11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

A. DIRECTORS

Chairman: _____

11 OCT 27 AM 11:00

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Fern RITACCA

Address: 28776 Xenon Way

Bonita Springs, FL 34135

Vice President: _____

Address: _____

Secretary: Fern Ritacca

Address: 28776 Xenon Way, Bonita Spring, FL 34135

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Fern Ritacca

(Signature of Director or Officer listed in number 12 of the application)

14. Fern Ritacca, President

(Typed or printed name and capacity of person signing application)

File Number 6499-387-9

APPROVED
AND
FILED

11 OCT 27 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HEALING THROUGH TOUCH, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 07, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1129701610

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of OCTOBER A.D. 2011 .*

Jesse White

SECRETARY OF STATE