

LO8000161089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

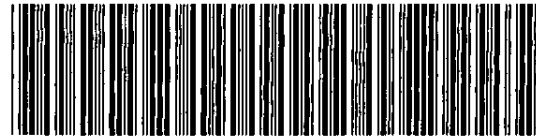
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900136599839

10/16/08--01054--003 \*\*155.00

FILED

2008 OCT 28 A 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 29 2008

EXAMINER

96727-807

MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

intuit.

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005

E-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

**ROUTINE SERVICE FILING REQUEST**

Friday, October 24, 2008

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Resubmission*

**Re: *Heaven's Touch Massage Therapy LLC***

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 OCT 28 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 17, 2008

MYCORPORATION, AN INTUIT COMPANY  
ATTN: FULFILLMENT DEPT  
21215 BURBANK BLVD - STE 400  
WOODLAND HILLS, CA 91367

SUBJECT: HEAVEN'S TOUCH LLC  
Ref. Number: W08000047798

We have received your document for HEAVEN'S TOUCH LLC and your check(s) totaling \$155.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P07000016935 (HEAVENS TOUCH INC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 808A00054103

**Articles of Organization  
For  
Heaven's Touch Massage Therapy LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Heaven's Touch Massage Therapy LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

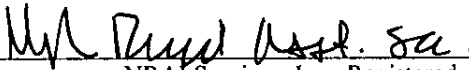
7371 Heritage Palms Estates Drive  
Fort Myers, Florida 33966

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
Weston, Florida 33331

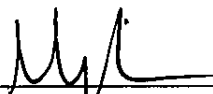
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
NRAI Services, Inc., Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

John Moran  
7371 Heritage Palms Estates Drive  
Fort Myers, Florida 33966

  
\_\_\_\_\_  
Meghan Record, Organizer

**FILED**  
2008 OCT 28 A 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA