

NO5000007866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Touch By the Hand, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ruben Alvarez
Name (Printed or typed)

3306 W. Arch Street Apt. A
Address

Tampa, FL 33607
City, State & Zip

(813) 875-1620 (813) 956-3946
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Touch By The Hand, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3306 W. Arch Street Apt. A
Tampa, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Feed and cloth and shelter the Homeless

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By the Board of Directors

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Ruben Alvarez (P)
Fabiola Cunha (VP)
Cherylene Levy (S/T)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Fabiola Cunha
3306 W. Arch St Apt. A
Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ruben Alvarez
3306 W. Arch ST. Apt. A
Tampa, FL 33607

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.



Signature/Registered Agent

7-25-05

Date



Signature/Incorporator

7/25/05

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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