

N16 000006781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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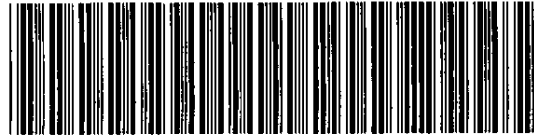
(Business Entity Name)

(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

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7-11-16

## COVER LETTER

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

SUBJECT: TOUCHED 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: Erica Harris  
Name (Printed or typed)

98 Deerfield Lane  
Address

Monticello, FL 32344  
City, State & Zip

(850) 874-6613  
Daytime Telephone number

harrisERICA24@gmail.com  
E-mail address: (to be used for future annual report notification)

harrisERICA24@gmail.com

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: TOUCHED INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

98 Deerfield Ln  
Monticello, FL 32344

Mailing address, if different is:

SAME AS PRINCIPLE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non-profit mentoring organization.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica Horris (Director) <sup>OWNER</sup> Name and Title: \_\_\_\_\_

Address: 98 Deerfield Ln Address: \_\_\_\_\_

Monticello, FL 32344

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 11 AM 11:17

RECEIVED  
JUL 11 2011

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Erica Harris

Address: 98 Deerfield Ln

Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Erica Harris

Address: 98 Deerfield Ln

Monticello, FL 32344

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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.

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

Erica Harris

Required Signature of Registered Agent

07-11-16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Erica Harris

Required Signature of Incorporator

07-11-16

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 11 AM 11:17

APPROVED  
FILED