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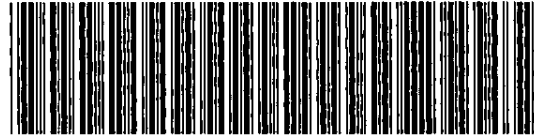
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STATE
TALLAHASSEE - FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
16 DEC -9 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 4, 2017

GERARD JOLICOEUR
4567 HWY 710
OKEECHOBEE, FL 34972

SUBJECT: A TOUCH, INC.
Ref. Number: W16000082786

*Changed Name to: ~~His Touch, Inc.~~
His Touch, Inc.*

We have received your document for A TOUCH, INC. and your check(s) totaling \$. 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.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 416A00026306

COVER LETTER

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

SUBJECT: **A Touch, 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: **Gerard Jolicoeur**

Name (Printed or typed)

4567 Hwy 710

Address

Okeechobee, FL 34972

City, State & Zip

863-634-1438

Daytime Telephone number

paddockfarmsdriving@gmail.com

E-mail address: (to be used for future annual report notification)

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:

~~A Touch, Inc.~~ changed to His Touch, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4567 Hwy 710

Okeechobee, FL 34972

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help the hurting, whether youth, adults or families to find peace and comfort in their lives using equine.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As set

forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerard Jolicoeur- President

Address: 4567 Hwy 710

Okeechobee, FL 34972

Name and Title: Nancy Jolicoeur- Treasurer

Address: 4567 Hwy 710

Okeechobee, FL 34972

Name and Title: Steve Brown- ~~Secretary~~ Director

Address: 4567 Hwy 710

Okeechobee, FL 34972

Name and Title: Myron Jackson- Director

Address: 4567 Hwy 710

Okeechobee, FL 34972

Name and Title: _____

Address: _____

Name and Title: Domin go

Address: 4567 HWY 710

Okeechobee FL

34972

BERNARDO
DIRECTOR

RJ

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: Gerard Jolicoeur

Address: 4567 Hwy 710
Okeechobee, FL 34972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gerard Jolicoeur

Address: 4567 Hwy 710
Okeechobee, FL 34972

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

Gerard Jolicoeur
Required Signature of Registered Agent

11/29/16
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.

Gerard Jolicoeur
Required Signature of Incorporator

11/29/16
Date