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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

AMY'S MAGIC TOUCH, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF**

AMY'S MAGIC TOUCH, INC.

ARTICLE I NAME

The name of the corporation shall be:

AMY'S MAGIC TOUCH, INC..

ARTICLE II PRINCIPAL OFFICE

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

2489 SW AVONDALE STREET

PORT ST LUCIE, FL 34984

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is
authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

PREPARED BY:
TRIPLE CHECK INCOME TAX SERVICE
2306 DELAWARE AVE
FORT PIERCE FLORIDA 34947

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

AMY NOWICKY

2489 SW AVONDALE STREET

PORT ST LUCIE, FL 34984

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

AMY NOWICKY

2489 SW AVONDALE STREET

PORT ST LUCIE, FL 34984

The undersigned has executed these Articles of
Incorporation this 25TH day of FEBRUARY 2000.

Amy Nowicky

AMY NOWICKY

Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

AMY'S MAGIC TOUCH, INC.

2. The name and address of the registered agent and office is:

AMY NOWICKY

2489 SW AVONDALE STREET

PORT ST LUCIE, FL 34984

Signature: *Amy D. Nowicky*

Title: PRESIDENT

Date: 3/14/00

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

Signature: *Amy Nowicky*

Date: 3/14/00