

PO0000038414

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

600003185346--2
-03/27/00--01103--021
*****70.00 *****70.00

SUBJECT: Perfect Touch Furniture Restoration, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael Indell
Name (Printed or typed)

711 SHILOH TERRACE
Address

DAVIE, FLORIDA
City, State & Zip

954-475-9990
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 18 AM 7:51

FILED

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

4-18



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 4, 2000

MICHAEL INDELL
711 SHILOH TERR.
DAVIE, FL 33325

SUBJECT: PERFECT TOUCH INC.
Ref. Number: W00000008896

*We can be contacted
during the day at
561-989-5711 or
954-475-9990 or
Beeper 954-355-8462
Michael or Lenore Indell*

We have received your document for PERFECT TOUCH INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please return the 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) 487-6995.

Wanda Cunningham
Document Specialist

Letter Number: 100A00018296

*↓
Please see
attached
new name*

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

~~Perfect Touch Furniture Repair~~
Perfect Touch Furniture Repair Inc.

ARTICLE II PRINCIPAL OFFICE

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

711 SHILOH TERRACE
DAVIE, FLORIDA 33325

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL INDELL
711 SHILOH TERRACE
DAVIE, FLORIDA 33325

ARTICLE V INCORPORATOR

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

MICHAEL INDELL

Michael Indell
Signature/Incorporator

4/23/00
Date

(An additional article must be added if an effective date is requested.)

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

Michael Indell
Signature/Registered Agent

4/23/00
Date

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APR 18 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA