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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

TOUCH OF HEALTH MASSAGE THERAPY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 9, 2000

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SUBJECT: TOUCH OF HEALTH MASSAGE THERAPY, INC.
REF: W00000024434

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THE SIGNATURE OF THE INCORPORATOR IS COVERING UP THE RA'S SIGNATURE.

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Becky McKnight
Document Specialist

FAX Aud. #: H00000053196
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**ARTICLES OF INCORPORATION OF TOUCH OF HEALTH
MASSAGE THERAPY, INC.**

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:
Touch of Health Massage Therapy, Inc.

ARTICLE II - Principal Office:

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

127 E. Dania Beach Boulevard
Dania Beach, FL 33004

ARTICLE III - Shares:

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

1,000 shares with a per value of \$1.00 per share

ARTICLE IV - Initial Registered Agent/Incorporator and Street Address:

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

Stephen C. Enriquez
19 West Flagler Street, Suite 600
Miami, FL 33130



Signature/Incorporator

ARTICLE V - Officers and Directors

The initial officer and directors are as follows:

President and Treasurer:	Carole Rico
Vice-President and Secretary:	Carole Rico
Directors:	Carole Rico

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/Registered Agent

Date

Stephen C. Enriquez, CPA
19 West Flagler Street, Suite 600
Miami, FL 33130
Tel: (305) 377-077

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