

TRANSMITTAL LETTER
P01800004469

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

SUBJECT: Health Touch, Pain Management Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003572756--3
-01/24/01--01040--021
*****87.50 *****87.50

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: Jonathan Macedon
Name (Printed or typed)

3161 NW 47th Ter. Apt 201
Address

Lauderdale Lakes, FL 33319
City, State & Zip

(954) 383-4406
Daytime Telephone number

FILED
01 JAN 24 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the articles.
Jonathan Macedon HAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. I, V
DATE 1-23-01
DOC. EXAM PC

10-52-200

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Health Touch, Pain Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3161 NW 47th Terrace Apt 201
Lauderdale Lakes, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the services of Massage Therapy to the community,
assisting them with chronic pain and stress management.

ARTICLE IV SHARES

The number of shares of stock is:

1 Share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): None

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jonathan Macedon
3161 NW 47th Ter. Apt 201
Lauderdale Lakes, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jonathan Macedon
3161 NW 47th Ter. Apt. 201
Lauderdale Lakes, FL 33319

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


Signature/Registered Agent

1-8/2001
Date


Signature/Incorporator

1/18/2001
Date

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TALLAHASSEE, FL (COUNTY)