TRANSMITTAL LETTER

tment of State

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

600003623406--4 -02/01/01--01102--009 ******70.00 ******70.00

SUBJECT: GIFTED 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

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

□ \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Name (Printed or typed)

795 CR#1 LOT 205

Address

City, State & Zip

727-789-4582

Daytime Telephone number

B-I AMII: II
ASSIGNATE

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

gr 2/2

ART CLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	e -
GIFTED TOUCH INC.	ड ूं.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 795 CZ # LOT ZO5 PALM HARBOR, FL 34683	OI FEB.
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	SSEE A
BETALL HAIR SOLON	AH II: II
ARTICLE IV SHARES The number of shares of stock is:	
1,000	
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):	·· <u>·</u>
CAROLYN M. SUITS SCOTT O. SUITS SIZ. 795 CZ#1 LOT ZOS PALM HAZBOR, FL 34683	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	<u>=</u> -
CAROLYNM, SUITS 195 CR#1 LOT 205 PALM HARBOZ, FL 34683	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Carolyn M. Suits 195 Cr #1 , Lot 205 Palm Harbor, FL. 34683	
**************************************	of the place designated in this
Signatura Registra A cont	1-19-01
Date	- - ! 101 11

Signature/Incorporator

Date