

P01000052178

TRANSMITTAL LETTER

FILED
01 MAY 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: ANGEL TOUCH INC
(Proposed corporate name - must include suffix)

800004271238--2
-05/18/01--01080--003
*****78.75 *****78.75

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

ADDITIONAL COPY REQUIRED

FROM: ELIZABETH COLON
Name (Printed or typed)

1891 SE MANTH LANE
Address

PORT ST LUCIE FL 34983
City, State & Zip

561-340-7359
Daytime Telephone number

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

D. BROWN MAY 2 5 2001

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.

FILED
01 MAY 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
ANGEL TOUCH INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:
1891 SE MANTH LANE
PORT ST LUCIE FL 34983

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (1.00) PER SHARE.

ARTICLES IV INITIAL REGISTERED AGENT AND STREET

ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:
LUIS COLON
1891 SE MANTH LANE
PORT ST LUCIE FL 34983

ARTICLES V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:
ELIZABETH COLON
1891 SE MANTH LANE
PORT ST LUCIE FL 34983

Elizabeth Colon

5-16-01

SIGNATURE/INCORPORATOR

DATE

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 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

5/16/01
DATE

FILED
01 MAY 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA