

PD1000086199
TRANSMITTAL LETTER

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

200004439252--8
-06/25/01--01096--012
*****78.75 *****78.75

SUBJECT: A HEALING TOUCH MASSAGE CENTER, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

01 AUG 30 AM 9:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PREFER to use
this address
I use for
my business
mail

FROM:

BEVERLY G. PONCE

Name (printed or typed)

3074 HICKORY TREE RD.

Address

ST CLOUD FL 34772

City, State & Zip

407-892-9590

Daytime Telephone number

Physical
Address

Beverly Ponce
A Healing Touch
1320 Louisiana Ave., Ste. D
St. Cloud, FL 34769
407-892-9590

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

WBT 14861
PS 8/31/01



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 2001

BEVERLY G PONCE
3074 HICKORY TREE RD
ST CLOUD, FL 34772

SUBJECT: A HEALING TOUCH MASSAGE
Ref. Number: W01000014959

We have received your document for A HEALING TOUCH MASSAGE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6052.

Pamela Smith

ATT: Pam Smith 850-245-6804

From Beverly Ponce 407-892-9590

Please change name from

A Healing Touch Massage ~~Centre~~ Abundant
Health Centre .1

TO

A Healing Touch MASSAGE CENTRE,
INC.

Thank you -

Beverly Ponce

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:

A HEALING TOUCH MASSAGE CENTRE, INC.

FILED

01 AUG 30 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3074 HICKORY TREE RD
ST CLOUD, FL 34772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the protection a corporation gives.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

BEVERLY G. PONCE
3074 HICKORY TREE RD.
ST CLOUD, FL 34772

ARTICLE VI REGISTERED AGENT

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

BEVERLY G. PONCE
3074 HICKORY TREE RD.
ST CLOUD, FL 34772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BEVERLY G. PONCE
3074 HICKORY TREE RD
ST CLOUD, FL 34772

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

Beverly G. Ponce
Signature/Registered Agent

8/13/01
Date

Beverly G. Ponce
Signature/Incorporator

8/13/01
Date