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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		50	00045 -08/31/0 *****87	663254 101072001 .50 *****87.50	
SUBJECT: In Te	DOUCH OF J	ACKSON VI (TE NAME- <u>MUST INCLUDE</u>	SUFFIX)	<u> </u>	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
□ \$70.00 □ \$78. Filing Fee Filing F & Certi	ricate of Status	Filing Fee 1 & Certified Copy 6	\$87.50 Filing Fee, Certified Cop & Certificate Status REQUIRED	of	
FROM: EVELYN Polo or typed)					
11757 BEACH Blub #6					
Incksonville FL 32246 City, State & Zip					
(9	04) 99구- OZ Daytime Teleph	30 none number		TILED OI AUG 31 AM 8: 4.1 SECRETARY OF STATI	
i				RIDA RIDA	

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

99/5



## ARTICLES OF INCORPORATION

Signature Incorporator

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

ARTICLE I NAME  The name of the corporation shall be: In Touch of	JACKSONVIllE, Inc
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 11757 B  ACKSONUIL, FI 33346	EACH Blod. #6
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	IAN SENVICE
ARTICLE IV SHARES The number of shares of stock is: // 900	
ARTICLE V INITIAL OFFICERS/DIRECTORS (option) The name(s), address(es) and title(s):  EVE LYM ROJO 3230 BEACH V  JACKSONVINE, M 30046 Til	UDD AVE
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  EVELYN ROFO 3030 BEACH WORD  JACKSONVILLE, FL 30046  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  EVELYN ROFO 3030 BEN  JACKSONVILLE, FL 30046	ach wood AVE
**************************************	stated corporation at the place designated in this
Signature/Registered Agent	8-30-01 Date