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JOHN INC PA

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Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : JOHN INCORVIA

Account Number : I19990000040

Phone : (305)681-7877

Fax Number : (305)681-9167

## FLORIDA PROFIT CORPORATION OR P.A.

**Touch of Health Unlimited Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01/3
Estimated Charge	\$70.00

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STATE  
TALLAHASSEE, FLORIDA

01 SEP 28 AM 9:36

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**ARTICLES OF INCORPORATION  
OF  
TOUCH OF HEALTH UNLIMITED, INC.**

ARTICLE I. NAME

The name of this corporation shall be **TOUCH OF HEALTH UNLIMITED, INC.**

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

20401 NW 2 AVENUE, SUITE 305, MIAMI, FL 33169

ARTICLE III. CORPORATE PURPOSE

The corporation was formed to conduct any and all lawful business within the State of Florida.

ARTICLE IV. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding is 100 at no par value.

ARTICLE V. REGISTERED AGENT

The name and address of the registered agent is:

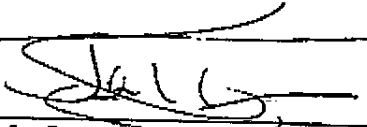
MS. JULIA GRANT, 20401 NW 2 AVENUE, SUITE 305, MIAMI, FL 33169

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JOHN INCORVIA, ESQ., 655 NW 128 STREET, MIAMI, FL 33168

The undersigned has executed these Articles of Incorporation this September 27, 2001

  
John Incorvia, Incorporator

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes sections 48.091 and 607.501, the undersigned corporation, desiring to organize under the laws of the State of Florida, submits the following statement:

1. The name of the corporation is **TOUCH OF HEALTH UNLIMITED, INC.**
2. The address of the registered office is 20401 NW 2 Avenue, Suite 305, Miami, Florida, 33169.
3. The name of the registered agent is Julia Grant.

Signature: \_\_\_\_\_

John Incorvia Incorporator

Date: \_\_\_\_\_

9/27/2001

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the duties and obligations of this position, I hereby accept appointment as registered agent, agree to act in this capacity and comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Signature: \_\_\_\_\_

Julia Grant, Registered Agent

Date: \_\_\_\_\_

9/27/2001

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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