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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

42

TRANSMITTAL LETTER

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

SUBJECT: A Sacred Touch, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Williams
Name (Printed or typed)

21296 Summertrace Circle
Address

Boca Raton, FL 33428
City, State & Zip

954-577-2202 x2240
Daytime Telephone number

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

**ARTICLES
OF
A SACRED TOUCH, INC.
Florida For Profit Corporation**

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be A Sacred Touch, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business in the State of Florida shall be 21296 Summertrace Circle Boca Raton, Florida 33428

ARTICLE III PURPOSE

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may organize under the applicable General Corporation Law of the State of Florida.

ARTICLE IV SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 50 shares of common stock having a par value of \$250.00 per share.

ARTICLE V INITIAL OFFICERS

Barbara Williams, President

Bonnie Stewart , Vice President

Evelina Spells, Secretary

Shirley Strong, Treasurer

ARTICLE VI REGISTERED AGENT

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

Barbara Williams

21296 Summertrace Circle

Boca Raton, Florida 33428

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name of the incorporator is:

Barbara Williams

21296 Summertrace Circle

Boca Raton, Florida 33428

Having been named registered agent to accept process for the above state corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent to act in this capacity.

Barbara Williams
Signature Registered Agent

6/3/03
Date

Barbara Williams
Signature/Corporator

6/3/03
Date