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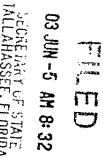
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TRANSMITTAL LETTER

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

SUBJECT: A Sacred (PROPOSED)	Touch, INC	<u>.</u>		
(PROPOSED C	CORPORATE NAME - MUST	INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy	of the articles of incorporation	on and a check for:		
□ \$70.00 □ \$78.75	□ \$78.75	□ \$87.50		
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& Certificate of St				
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	ADDITIONA	Status		
	ADDITIONA	L COPY REQUIRED		
FROM: Barbara Williams Name (Printed or typed)				
Name (Printed or typed)				
21296 Summertrace Circle				
Boca Raton, FL 33428				
	City, State & Zip	<u>· · _ · _ · _ · _ · _ · _ · _ · _ · _ ·</u>		
954-577-2202 X 2240				
Daytime Telephone number				

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

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

FILED

03 JUN-5 AM 8: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFICE

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

FILED

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SECRETARY OF STATE 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.

Signature Registered Agent

Signature (Regisjered Agent

Signature/Corporator

Date

Date