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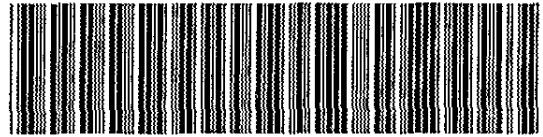
(Business Entity Name)

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03 JUN 12 AM 11:22
STATE
DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 17 PM 1:14

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ANGEL'S TOUCH CORR

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



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Pick up time

2:00



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Will wait



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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 12, 2003

LAZARUS

SUBJECT: ANGEL'S TOUCH CORP.
Ref. Number: W03000016925

We have received your document for ANGEL'S TOUCH CORP.. However, the document has not been filed and is being returned for the following:

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 document number of the name conflict is P01000052178.

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 303A00036580

RECEIVED
JUN 16 PM 3:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation

ARTICLE I - NAME

The name of the corporation shall be:

ANGEL'S TOUCH USA, CORP.

ARTICLE II - PRINCIPAL OFFICE

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

12570 SW 117 LANE MIAMI FL 33186

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA HELENA FERRER
12570 SW 117 LANE MIAMI FL 33186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 17 PM 1:14

ARTICLE V - INCORPORATOR

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

MARIA HELENA FERRER
12570 SW 117 LANE
MIAMI FL 33186

The undersigned incorporator has executed these Article of Incorporation this 10 day of
JUNE 2002.

X 
Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is
(are):

- 1.- MARIA HELENA FERRER ----- (PRESIDENT 50 %)
12570 SW 117 LANE MIAMI FL 33186
- 2.- BETSAIDA ORONO ----- (VICE-PRESIDENT 50 %)
14263 SW 156 AVE MIAMI FL 33196

CERTIFICATE DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

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

X 
Registered Agent Signature.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 17 PM 1:15