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(Re	questor's Name)		
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PICK-UP	TIAW [MAIL	
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Certified Copies	Certificates of Status		
			
Special Instructions to I	Filing Officer:		
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TRANSMITTAL LETTER .

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

SUBJECT: A F	ersonal louch, inc.			
	(PROPOSED CORPOR)	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
			<u> </u>	
□ \$70.00	☑ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Diane C. Norcross			
1.KOM	Name (Printed or typed)			
	9127 Cliff Lake Lane			
•	Address			
	Tampa, FL 33614			
•	City	, State & Zip		
	7 3	0111 7000		
	X / 3 ·	-846-3780)	

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

Daytime Telephone number

Articles of Incorporation, 30 AN 2:38 Shipping of File December 19 ATE Shipping of File December 19 ATE 19

Article I - Name

The name of the corporation shall be:

A Personal Touch of Central Florida, Inc.

Article II- Principal Office

The principal place of business/mailing address is:

9127 Cliff Lake Lane, Tampa, FL 33614

Article III- Shares

The number of shares authorized by this corporation is:

100,000

Article IV- Registered Agent and Street Address:

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

Diane C. Norcross 9127 Cliff Lake Lane, Tampa, FL 33614

Article V-Incorporator

The name and address of the incorporator is:

Diane C. Norcross 9127 Cliff Lake Lane, Tampa, FL 33614

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

Music C. Marchas Signature / Registered Agent

Date

Signature / Incorporator

Date