A3000134515

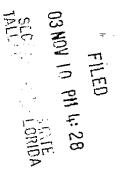
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000024521180

11/10/03--01017--019 **78.75



TRANSMITTAL LETTER

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

SUBJECT:	he Power of	- Touch,	Inc.		
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
□ \$70.00	ॼ॔ \$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			
FROM:	Caridad (astilla			
Name (Printed or typed)					
1401 SW U7+ Ave. # 38					
Address					
MIGMI, FL 33144					
City, State & Zip					
(205) 300 2000					
Davime Telephone number					

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	00.000
The name of the corporation shall be:	_
The Power of Touch, Inc.	SECRETURE, OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
MIDMI, FL 33144 ARTICLE III PURPOSE	8
The purpose for which the corporation is organized is:	
Massage Therapy	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Leslie Cimadevilla, Esq. 3000 SW 22nd Street - Uni- Coval Gables, FL 33145	L = 11
1000 SW 2216 STREET - UTIL	F 311
WILLOW AT THEOMY OFFICER	
The name and address of the Incorporator is:	
(ary (astillo 1401 SID 107th AVE - #38	
1401 SW 107th AVE - #38	

Having been named as registered agent to accept service of process for the above stated corporatificate. I am familiar with and accept the appointment as registered agent and agree to act	
Hiriade in	11-4-03
Signature/Registered Agent	Date
Carilel Castille	11-06-03
Signature/Incorporator	Date