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TRANSMITTAL LETTER

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

Subject My Soothing Touch Inc. Enclosed is an original and two (2) copies of the articles of incorporation and a check for \$70.00 **⋈** \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certified Copy & Certified Copy Certified Copy & Certificate (ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF My Soothing Touch Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida busine Act, hereby adopts the following articles of incorporation.	ess Corpor	Hion H	71
ARTICLE I NAME The State Connection of all the MacConthine Touch Inc.		23	
The name of the Corporation shall be: My Soothing Touch Inc.	EFER	PH	
ARTICLE II PRINCIPAL OFFICE	0	يي	
The principal place of business and mailing address of this corporation shall be:		it	>
5303 East Colonial Drive Suite A			

ARTICLE III SHARES

Orlando, Florida 32807

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 at \$0.01 par value per share.

ARTICLE IV INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Wipawan Melendez 4825 Fiske Circle Orlando, Florida 32826

Edwin A. Melendez 4825 Fiske Circle Orlando, Florida 32826

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Wipawan Melendez 5303 East Colonial Drive Suite A Orlando, Florida 32807

ARTICLE VI INCORPORATOR

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

Nellie Akalp 30141 Agoura Rd., Suite 205 Agoura Hills, California 91301

Mallie Call	2·12·04
Nellie Akalp, Incorporator	Date
Having been named as registered agent and to accept serv	
place designated in this certificate, I hereby accept the app	ointment as registered agent and agree to act in this
capacity. I further agree to comply with the provisions of a	ill statutes relating to the proper and complete
performance of my duties and I am familiar with and acce	nt the obligations of my position as registered agent.

Date

Wipawan Melendez, Registered Agent