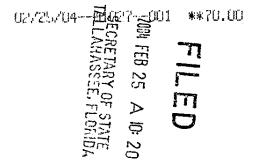
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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		L.C. File
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		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
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ARTICLES OF INCORPORATION FILED

OF

2004 FEB 25 A 10: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

A HEAVENLY TOUCH, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is A HEAVENLY TOUCH, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1302 SW Babcock Ave., Port St. Lucie, FL 34953.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Leif J. Grazi, Esq., 217 E. Ocean Blvd., Stuart, FL 34994.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is President: Robert A. Cepero, 1302 SW Babcock Ave., Port St. Lucie, FL 34953.

The undersigned has executed these Articles of Incorporation this 25th day of February 2004. Your Capital Connection, Inc., by Stacey Leggett, Client Representative

CERTIFICATE OF DEBIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED
2004 FEB 25 A 10: 20

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

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	*					
2.	The name	and str	eet addres	s of the r	egistered agent a	nd office
is:	LEIF J	. GRAZI,	ESQ., 217	E. Ocean	Boulevard, Stuar	ct. FL 34994

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

LEIF J'. GRAZI REGISTERED AGENT